The House adjourned for lunch at 1-38 P. M. and met again at 2-20 P. M.

DEMAND VI—MEDICAL.

MR. K. GEORGE (*Chief Secretary to Government*): I move for a grant not exceeding Rs. 8,71,049 under Demand VI—Medical.

Motion 152.

MR. T. K. ALEXANDER (*Kunnatnad I*): I move the following motion:

To reduce the allotment of Rs. 6,012 for Establishment by Re. 1.

The object of this motion is to call the attention of the Government to the neglected condition of rural areas in the matter of opening dispensaries. Sir, I want to impress on this House that Travancore is a country consisting of a large number of villages. So the village taxpayees should be given greater consideration for their conveniences in life. We hear so much of the world-wide economic depression, but I find that it has not hit Travancore for no retrenchment has been effected in the Medical Department. We see unnecessary appointments and superfluous officers on high salaries in the Medical Department. At the same time they do not find ample opportunity to go over to the rural parts and find out the real needs of the people with regard to medical aid. In North Travancore the condition of medical aid is very backward. For example, we had asked for a dispensary at Edappalli for the last ten or fifteen years. Every medical officer had the courtesy of giving us the promise that it will be sanctioned within a fortnight; but those promises remain unfulfilled. The only hospital available for the people at Edappalli is ten miles away at Alwaye. Sir, we are far away from this Capital, but that is no reason why we should be left in the lurch. In country parts, people are ready to give sites free of cost for starting dispensaries, but Government have not started dispensaries. It is scant justice and scant generosity. I request the Government to take immediate action for the starting of dispensaries wherever possible. I do not advocate the establishment of hospitals or dispensaries in every *pakuthi* or *kara*. I only want dispensaries in places where no hospitals or dispensaries exist at present. With these few words, I move the motion.

MR. A. EASWARA PILLAI (*Kottarakara*): Sir, the object of the department is to prevent disease and cure disease. The department is now paying more attention to the curing of disease. I emphasise the necessity of preventing diseases. Prevention is better than cure. I know that the Health Department has now been opened; but those officers are only devoting their attention to specific areas. Travancore appears to have the monopoly of certain diseases such as elephantiasis, malaria and consumption. The figures of the report show that they are spreading at an increasing rate. The Department has not successfully combated these diseases. So my submission is that health units or sanatoria must be established at various centres. Now the benefits of the Department are not extended to the rural areas. Dispensaries are

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opened only in towns. We want sanatoria or health units in rural parts also. In the mountanious taluks of Kottarakara and Pattanapuram we have only got two dispensaries. In these two taluks more than two lakhs of people live. We want a District hospital at Kottarakara and some more dispensaries in the various centres of these taluks. Therefore I am very glad to support the motion brought forward by Mr. Alexander.

MR. S. J. NAIR (*Nedumangad*): Sir, I support the motion. In doing so, I wish to draw the attention of the authorities concerned to the neglected condition of medical aid in Nedumangad taluk. In the dispensary recently started at Vamanapuram, there is not sufficient accommodation. Sufficient accommodation ought to be provided in view of the progressive condition of the dispensary.

The present condition of the Vamanapuram Dispensary requires looking into. Sufficient accommodation has to be provided and the condition of the building has to be improved. There was a full-time dispensary some time back in Vidurai. The surrounding places are inhabited by hill tribes as well as poor people. The full-time nature of the dispensary at Vidurai was abolished and the medical officer at Palode was ordered to attend to the work of Vidurai Dispensary twice or thrice a week. I understand he is paid something like Rs. 20 or 30 per mensem, in addition to the salary that is paid for him. If Rs. 15 or Rs. 20 more is paid, a separate Medical Officer could be put in charge of the Vidurai dispensary and it will be of great help to the poor and the hill tribes who reside in these areas. At Vidurai there is a camp-shed which is left unused for the last 8 or 9 years. I understand that camp-shed was about to be auctioned some time ago but not done so as yet. Either the dispensary building may be removed to that camp-shed, or it may be taken over under the management of the Medical Department and the Dispensary at Vidurai at present located in a private building be shifted to that building and a separate Medical Officer appointed there. It would considerably help the inhabitants of those areas.

About Nedumangad taluk, I may say, it has a very wide area and its population is more than 1½ lakhs. The malarial nature of certain places, the absence of easy means of communication and other hardships they experience, so far as the people of the taluk are concerned, require the immediate attention of Government.

MR. E. V. KRISHNA PILLAI (*Pattanamtitta*): Sir, I rise to a point of order. Is this the occasion for the member to discuss the local needs when the general policy of the department is under consideration?

PRESIDENT: This is a point which came up even yesterday and I ruled that there was no objection, while discussing matters of policy, to refer to special instances. I must ask the members to make these instances very brief and not to go into details.

MR. S. J. NAIR (*Nedumangad*): In rendering such medical aid so far as people of Nedumangad taluk are concerned I need not say how far

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people will be grateful. There are a number of Medical Officers unnecessarily retained in the General Hospital at Trivandrum and if some of the Medical Officers who are kept here in excess of the required number are sent over to the dispensary at Vidurai and places like that the sufferings of the people in the matter of medical needs may be mitigated to a large extent in rural areas.

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*): The policy adopted by the Government in regard to the direction of the Medical Department is a bit improper. For some time past, we had a Medical Board for the administration of the Medical Department. The people at large protested against the continuance of the Board. The Retrenchment Committee recommended specifically that the Board might be abolished. The Government accepted the principle contained in the representations and recommendations and declared their policy to be one of abolition of the Board. The Board consisted of 3 individuals. It was joint responsibility in some cases and divided powers in other respects. It was found impracticable and unprofitable to the State. So it was abolished. After abolition and after the declaration of the policy of Government in regard to the administration of the Medical Department, they resorted to a very curious method. There were three posts in the Medical Board Department; and though they were abolished, they have now appeared in different forms. Three new posts were created and persons appointed. Instead of calling the medical administration by the very big name of the Medical Board, we have a Darbar Physician now managing it. But that Darbar Physician appears to be unable to administer the department without the aid of two Deputy Darbar Physicians. We have been protesting against the grant even of a single deputy so far as other departments are concerned; and here is an instance, when we have been protesting against the creation of deputies and Personal Assistants, we are called upon to vote for a grant to the maintenance of two Deputy Darbar Physicians. In all these matters, when Government adopt a policy, it has always to meet with the popular approval. When it is systematically shown that adherence to the declared policy is not a general rule with Government, when once Government declare a policy and when once they depart from that policy, then and then only we begin to talk. This is one of those instances where a gross injustice has been done to the public.

Expenditure under this head has been growing steadily. In 1107, on a reference to the budget given to me, I find Rs. 21,400 was the expenditure; in 1108, according to the revised budget estimate it was Rs. 23,000; in 1109, the estimate shows the figure at Rs. 29,627. If I had a copy of the last year's budget, I would have traced the history of the development of expenditure from two or three years back. All these figures show that expenses incurred for the administration of the Medical Department have gradually increased. I do not know how far this will go. But we want to see whether this could be immediately operated upon and reduced to its normal state. I understand that

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there are other irregularities in regard to the administration of the department. One instance I want to bring to the notice of Government is the way in which Medical stipends are granted to the students in the Medical College. It would appear that invidious distinctions were being shown. I understand, several applicants had applied for stipendiary grants. Several recommendations have been received as to their efficiency, qualification and merit from the various schools and colleges in which they were studying. But the Government seem to pay no heed to these recommendations. It is regretted that the Government should find opportunity for making selection from any one class. There is some complaint deserving scrutiny.

Another point I would like to mention is this. We have a good number of hospitals in the State and these are not well provided with the necessary appliances for carrying on efficient medical aid. There are too many doctors and hospitals without the necessary appliances to render necessary aid. It would appear that even the most important institutions in the State are not supplied with all the necessary and the most up-to-date instruments for carrying on operations. From the Medical Administration Report it will be seen that there are hospitals where doctors do not carry on surgical operations; that hospitals either do not contain beds or where they are available persons do not lie in beds. Unfortunately Government have to incur the expenses for their maintenance and upkeep. It is not enough if expenses are incurred. We want to get the maximum benefit from the expenses incurred. Otherwise we shall not be justified in voting for the demand. My information is that the Medical Department requires a thorough overhauling. Some committee like the Statham Committee might be appointed, if otherwise it could not be managed, for the purpose of carefully and thoroughly enquiring into this question and making a report to Government. I also understand that Government pay the high salary to these doctors for the purpose of enabling them to carry on their work properly. It is regretted that in some cases the outturn of work is rather poor.

MR. S. J. NAIR (*Nedumangad*): May I know from the member whether the appointment of committees would not unnecessarily drag on matters?

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*): Yes it is likely. But that is inevitable. Without the help of committees it would appear that Government are not able to carry on any reorganisation of any department. As a normal and natural evil I have to make that suggestion. I therefcre submit that, on these several matters, Government might do the needful.

MR. POTTAYIL S. KRISHNA PANICKAR (*Shertala II*): In regard to the new appointments proposed to be made by the medical department, I regret to observe that they are not at all conducive to the better administration of the State. It is a general cry that the general administration is very top-heavy and that at the same time the necessity for

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affording medical aid to all persons in Travancore is very much neglected. Sir, it is seen from the Budget that provision is made for a Darbar Physician drawing a very high salary of Bh Rs. 1,200 a month; and that he is to be assisted by 2 Deputy Darbar Physicians one drawing Rs. 750 and the other Rs. 500. It is not known what the functions of these three Darbar Physicians are. The work done by a Darbar Physician formerly is now proposed to be carried on by three Darbar Physicians including the two Deputies.

MR. S. J. NAIR (*Nedumangad*) : Is the member aware that one of the Deputy Darbar Physicians is the head of a private mission hospital in the State.

MR. POTTAYIL S. KRISHNA PANICKAR (*Shertala II*) : I understand that one of them is the head of a mission hospital.

MR. S. J. NAIR (*Nedumangad*) : Is the member aware that he is in charge of the hospital even at present.

MR. POTTAYIL S. KRISHNA PANICKER (*Shertala II*) : I am not aware. It is not known what the functions of the Deputy Darbar Physicians are. As my friend said, I now come to know that one of the Deputy Darbar Physicians is a doctor carrying on business in a private medical institution in the State. The other is the head of a particular branch of the Medical Department. Without enlightening this House with regard to the various duties assigned to the Deputy Darbar Physicians, we are not in a position to say whether they are absolutely essential or not. In these days of economic stringency, it is not at all advisable for the Government to incur such heavy expenditure on two unnecessary officers, the two Deputy Durbar Physicians, when there are not enough hospitals and dispensaries in the country and when even the few in existence are ill-equipped and neglected on grounds of financial stringency.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*) : Sir, I have also very great pleasure in supporting Mr. Alexander's motion. The main point dealt with by Mr. Alexander is the insufficiency of medical institutions in various parts of the State. I am quite prepared to endorse that view and I shall illustrate the very undesirable position in which the people of the State find themselves owing to the paucity of hospitals and dispensaries in various centres in the State.

There is a place called Parakkadavu about eight miles north of Alwaye. To reach that place, one has to cross three streams. On one occasion, I happened to be there. There was a case of delivery. A woman was in the throes of child-birth, and medical assistance was found necessary. Immediately, some people were despatched to Alwaye, the nearest centre where medical assistance was available. The medical officer there refused to journey in an ordinary vehicle and insisted on a motor car being procured for this visit. Some time was, naturally, spent in procuring a motor car. It was after night-fall. The motor car was got ready, and by the time the party reached the streams on the way, they found that, the ferrymen were absent, two

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of them having retired for rest during night. They had to be roused from sleep; and, by the time the party reached Parakkadavu, the woman had died.

Sir, such are the difficulties of the people in some parts of the State for want of hospitals and dispensaries. Hospitals and dispensaries are indispensable in centres not properly connected with places where medical assistance is available. Either the Government will have to open a sufficient number of roads and build a sufficient number of bridges, or they should establish medical institutions in appropriate centres. That is my first point.

Another point which I wish to bring forward in supporting the motion is the gradual lowering of efficiency in the Medical Department. Originally, there was a Durbar Physician at the head of the Department, who used to tour the country, inspect medical institutions and keep things going in a satisfactory way. Recently, however, it became necessary that a triumvirate of medical authorities should control the destinies of the State in the matter of medical administration. There was an out-cry against the triumvirate; and, ultimately, Government thought that they would concede a point in favour of the people and dispense, to all appearances, with two of the triumvirates. But, really they did not disappear. Only, two of them sank to a lower level and, today, we have the spectacle of two Deputy Durbar Physicians along with a normal Durbar Physician. They are again there in some sort of disguise or deformity. Is it the case of Government, Sir, that the work, which used, formerly, to be carried on by one Durbar Physician, has so far increased as to necessitate the employment of three people simultaneously? So far as the number of hospitals and dispensaries is concerned, there is nothing like such a perceptible growth. Therefore, to my mind, it appears, Sir, that one Durbar Physician would be enough for the purposes of the Department. If the Deputies are to go about in places where there are no hospitals and dispensaries and make enquiries as to the medical needs of the people, I can understand it.

MR. S. J. NAIR (*Nedumangad*): May I know whether the difficulty the member suggests can be solved by making the Ag. Durbar Physician permanent?

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*): I really cannot understand the question, Sir.

MR. S. J. NAIR (*Nedumangad*): I want to know whether the difficulty suggested by the member will be solved by making the present Ag. Darbar Physician the permanent Darbar Physician.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*): I did not suggest any difficulty, Sir. My learned friend on my side.....

MR. A. S. DAMODARAN ASAN (*Mavelikara*): Which side, please?

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MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*): Back side. (*Laughter.*) My learned friend wants to ascertain from me whether, by a particular process, the difficulty suggested by me can be obviated; I did not suggest any difficulty, Sir. (*Laughter.*)

I was submitting, Sir, that, for the purpose of inspecting hospitals and dispensaries, one officer is sufficient provided he is efficient. But, there are very many places in the State where there are no hospitals or dispensaries. So, if the function of these Deputy Darbar Physicians is to visit, periodically, those places, to ascertain what the ailments of the people are and to do the needful, then I can understand it; then, there would have been some justification for the continuance of these posts. But, that is not what they do. On the other hand, if the pay of these two officers is diverted and hospitals and dispensaries are established in places where there are no hospitals or dispensaries now, that would tend to the well-being of the people to some extent. That would certainly be a better way of distributing the money proposed to be spent on these two highly-paid officers.

My next point is about the very legitimate complaint raised by some of the medical officers in some localities with respect to the inadequacy of up-to-date appliances and useful medicines largely in demand. This state of affairs, I beg to submit, does not reflect anything like credit on the Government of Travancore. In all the important centres at any rate, up-to-date surgical instruments and sufficient quantity of medicines must be supplied so that the medical men there may not have the handy excuse of blaming their tools and helplessness to cure.

Another feature that I notice in the Budget for 1109 is the amalgamation of the Sanitary and the Public Health Departments, and placing them under the Durbar Physician. Sir, everywhere else, except in one or two stray instances, the tendency now is to separate the Medical from the Public Health Department. In the Madras Presidency, for instance, so long ago as 1860, the Medical Department was separated from the Sanitary and the Public Health Departments. For some time no doubt, the District Medical Officers happened to be the Medical as well as the Sanitary officers of the districts; but that too was put a stop to. In every other place practically, Cochin, Baroda and Hyderabad, for example, the separation is complete. In Mysore, the separation was effected at the instance of the representative of the Rockefellers Institute himself so much so, at present, the Medical Department has nothing to do with sanitation or public health. This is the course followed in British India and in the sister States. I am however prepared to concede that there is one place, namely Ceylon, where both these activities are combined and placed under one head; but there is an amount of agitation there against such union. I hope that, ere long, separation will follow there also. In the most civilised parts of the world, like England and other places, the medical profession has very little to do with the administration of public health;

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and you, Sir, an Englishman, must know it more than any of us. While such is the case everywhere else, here, the Darbar Physician who has manifold activities to attend to even as the head of the Medical Department, is being asked to devote his attention to the very important requirements of sanitation and public health also. I submit, Sir, that the instances that I have just now quoted clearly indicate what the result of the experiment that you are now attempting to introduce here is going to be. A medical man, if he is a real scientist anxious about his profession, really cannot find time to be devoted to other activities. He will always have to read a good deal about the latest methods of treatment and keep himself up-to-date, especially in these days when the medical science is advancing by leaps and bounds. The medical man always deals with individual cases, whereas the public health expert has always to deal with humanity in the lump. The training received by these two sets of experts is entirely different. The difference between them is so patent. Therefore, Sir, to expect that the Durbar Physician should be superintending the activities of the Sanitary and the Public Health Departments also, is a real deviation hardly warranted by conditions in other civilised parts of the world. It is so strange a deviation that I am anxious to get an explanation from the Government benches.

MR. M. SIVATANU PILLAI (*Tovala*): Will the difficulty be obviated by appointing two Durbar Physicians, one for the Medical Department and the other for the Public Health Department?

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*): Why should we have two Durbar Physicians? Why not be satisfied with one Durbar Physician and a different Public Health Officer. The activities of the two departments are, as I have already explained, entirely different. To imagine that, because ordinarily Sanitary and Public Health officers happen to have some medical qualification, all medical men are competent to look after sanitation and public health also, is to ignore the bearing of their respective functions.

In these circumstances, I beg to submit, Sir, that there is much force in Mr. Alexander's motion; and I have great pleasure in supporting it.

MR. T. K. VELU PILLAI (*Trivandrum-Urban*): I wish to say a word on this motion. So far as I have been able to see, the chief complaint of the mover, Mr. Alexander, is that there are no hospitals or dispensaries in convenient places. There is considerable force in that statement. My friend, Mr. P. K. Narayana Pillai gave an instance. I know several instances where people are allowed, are left to die for lack of medical help. It is very unfortunate. The Travancore Government spend so much money on education and other nation-building activities. Why not give the sick patient at least the consolation of medical relief? If the Government are going to maintain two Durbar

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Physicians, I have to suggest a very useful work which they can do; and I have got a parallel for the suggestion I am going to make. Formerly, if anybody wanted a school in a particular locality, the Government of Travancore insisted on the people of the locality providing the necessary building.

I do not see any reason why in these times when land is cheap through the operation of causes over which we have no control—at any rate land is cheap now—land may not be acquired and the people of the locality may not also contribute their mite. I am certainly in favour of Government spending any amount in favour of the agriculturists. But if the financial position of the State does not allow of it, the Deputy Darbar Physicians and the Darbar Physician also may be asked to get the help of the local people in order to establish dispensaries. We do not want palatial buildings three and five stories high. A small and neat building will be enough and medical officers who draw lower salaries than those in charge of hospitals may be appointed. Sir, something has to be done. People may suffer from poverty, they may suffer from ignorance, but they should not suffer from disease, when Travancore is ruled as an enlightened State by the representative of an illustrious family of Maharajahs whose motto is that charity is their household divinity. Sir, if Deputy Darbar Physicians are maintained, these questions may be taken into consideration, and gentlemen who are fortunate enough to occupy that office may secure local support, get contributions from Government and bring solace to the poor people who are suffering from want of this convenience.

MR. EDAVANATT S. PADMANABHA MENON (*Shertala I*): Sir, I rise to support the motion and I do so with joy. Of late, there is an impression gaining ground all over the country that everything is not well with the Medical Department, especially on the administrative side of it. For some years we had the experiment of a Board administering the whole Department wherein the officers of the Board were concerned more in exhibiting their skill in correspondence rather than in the efficient administration of the department, and later we have been inflicted with a surplus of Darbar Physicians and Deputy Darbar Physicians. This is one aspect of the picture. Sir, if we go to the country side of Travancore, especially along the coastal regions of the State—Thottappalli, Ambalapuzha, Alleppey, Shertala, Vaikom up to Parur—we will see that the whole tract is invariably subjected to what are medically known as the tropical diseases, tuberculosis, leprosy, elephantiasis, hookworm and other dire diseases. Sir, the proper keeping up and looking after the health of the whole country is the most vital need of the Government and any kind of progress in any walk of life and in any department of life is possible only under sanitary, hygienic, healthy conditions. As the dark side of the picture, Sir, I shall refer to one or two instances in Shertala, where in Muhamma and other places, people who are attacked by sudden illness have to be taken either in an easy chair or in a cot and have to be carried six or

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[Mr. Edavanatt S. Padmanabha Menon.]

seven miles in the loose sand before they can be brought safely to the District Hospital in Shertala. The condition in which we find the Shertala Hospital is not at all desirable. It is perhaps one of the oldest hospitals in the State. Most of the foundations of the building are exposed. The inter-space between the cots in the inner side of the hospital is not sufficient enough even for the medical officer to go to and fro. There is not sufficient compound for the hospital and the vernacular school and the English school are in close proximity just adjacent to the District hospital. There is not even a ceiling for the operation room where very serious kinds of operations are being conducted and any kind of poison might get in very easily. That is the state of things we find in some of the rural parts. There is only one midwife for the hospital whereas even lesser hospitals are given nurses. Sir, I say that Shertala, consisting as it does two lakhs of people, their vital needs of medical relief ought to be seriously attended to and not to be played with. Sir, may I ask in all humility what is the reason of our making repeated representation from this side of the House if it is not entitled to the serious consideration of Government? After all, it is like what we find in Macbeth, the non-official representation might be full of sound and fury signifying nothing. Is that the view of the Government? Sir, we are entitled to greater respect. Even at the risk of less efficiency, even at the risk of bringing down the axe and cutting down these high salaried officers or even at the risk of dislocating the work of some other departments, the health of the nation must be looked into more seriously. Of course, Sir, it is the unanimous wish of the members on this side of the House that something immediate, urgent and practical should be done in this matter.

MR. K. M. KRISHNAN (*Ambalapuzha II*): മിസ്റ്റർ അലക്സാണ്ടർ ഇവിടെ അവതരിപ്പിച്ച ഉപക്ഷേപത്തെ ഞാൻ പിൻതാങ്ങുന്നു. രണ്ടു പ്രധാന സംഗതികൾ ഇതുകൊണ്ടു് ഗവണ്മെൻറിന്റെ ദൃഷ്ടിയിൽ കൊണ്ടു വരണമെന്നുള്ളതാണു് എന്റെ ഉദ്ദേശം. അതിലൊന്നു എന്റെ സ്ഥലത്തെ ആവശ്യങ്ങളെപ്പറ്റിയുള്ളതും മറെറാന്നു് ഈ ഡിപ്പാർട്ടുമെൻറിൽ ഈഴവരെ സംബന്ധിച്ചിടത്തോളം ഉദ്യോഗമാനവിഷയത്തിലും ഉദ്യോഗകയറ്റത്തിലും ഗവണ്മെൻറു ശരിയായി പ്രവർത്തിക്കുന്നില്ല എന്നുള്ളതുമാണു് ആദ്യമായി എന്റെ സ്ഥലത്തെ ആവശ്യത്തെപ്പറ്റി പറയാം. ആലപ്പുഴ ടൌണിൽ ൩൦൦൦൦-ൽപരം ജനങ്ങൾ താമസിക്കുന്നുണ്ടു്. ഒരു പ്രസവ ആസ്പത്രിയുടെ ആവശ്യം ആലപ്പുഴപോലെയുള്ള ഒരു ടൌണിൽ അത്യാവശ്യമാണെന്നുള്ള സംഗതി ഗവണ്മെൻറിന്റെ ദൃഷ്ടിയിൽ വളരെ മുമ്പു തന്നെ കൊണ്ടു വരികയും അതിനെ സംബന്ധിച്ചു ചില ആലോചനകൾ ഗവണ്മെൻറിൽ നിന്നും നടത്തുകയും

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ചെയ്തിട്ടുണ്ട്. എന്നാൽ ഇതുവരെ ജനങ്ങൾക്കു പ്രയോജനകരമായി തീരത്തക്കവണ്ണം അതു സംബന്ധമായി ഒന്നും തന്നെ ചെയ്തിട്ടില്ല. അവിടെ ഒരു ഡിസ്പെൻസറി ഉണ്ട്. അവിടെ നിന്നും പ്രസവശുശ്രൂഷകളും ചെയ്യുവരുന്നുണ്ട്. എന്നാൽ പുരുഷന്മാരായ ഡാക്ടർമാരുടെമേൽനോട്ടത്തിൽ ഉള്ള ആസ്പത്രി ആയതുകൊണ്ടു മാനമായി താമസിക്കുന്ന സ്ത്രീകൾ അവിടെ പ്രസവക്കായ്ത്തിനായി പോകുന്നതിൽ മടിക്കുന്നുണ്ട്. ഇതു ഗവണ്മെൻറ പ്രത്യേകം ഓർമ്മിക്കേണ്ട സംഗതിയാണ്. അതുകൊണ്ടു അവിടെ ഒരു പ്രസവആസ്പത്രി ഉണ്ടായിരുന്നാൽ ഇപ്പോഴത്തെക്കാൾ എത്രയൊ മടങ്ങു പ്രസവകേസുകൾ അവിടെ ഉണ്ടാകുന്നതാണ്. ഇതു ഒരു വലുതായ ആവശ്യമാണെന്നു പ്രത്യേകം പറഞ്ഞറിയിക്കേണ്ട ആവശ്യമില്ലല്ലൊ. ഈ സംഗതിയിൽ ഗവണ്മെൻറിന്റെ ദൃഷ്ടി ഉടൻ പതിയേണ്ടതാണെന്നുള്ള സംഗതി ഗവണ്മെൻറിനെ അറിയിച്ചു കൊള്ളുന്നു.

അമ്പലപ്പുഴയുടെ വടക്കേ അറ്റത്തു മാരാരിക്കുളത്തിനടുത്തു കലവൂർ എന്ന സ്ഥലത്തു ഒരു ഡിസ്പെൻസറി ഉണ്ടായിരുന്നു. അതിനെ അവിടെ നിന്നും മാറ്റി ജനങ്ങൾക്കു വച്ചിയ ഉപകാരമില്ലാത്ത ഒരു സ്ഥലത്തു ഇപ്പോൾ സ്ഥാപിച്ചിരിക്കുന്നു. അമ്പലപ്പുഴ നിന്നും 2 മയിൽ മാത്രം ദൂരമുള്ള ചെട്ടിക്കാട് എന്ന സ്ഥലത്താണ് അതു ഇപ്പോൾ ഇരിക്കുന്നതു്. അമ്പലപ്പുഴയിൽ ഒരു ഡിസ്പെൻസറി ഉള്ള സ്ഥിതിക്കു അവിടെ ഒരു ആസ്പത്രിയുടെ ആവശ്യമില്ല. കലവൂർ അമ്പലപ്പുഴയ്ക്കും ചേർത്തലയ്ക്കും മദ്ധ്യേ ഉള്ള ഒരു സ്ഥലമാണ്. അവിടെ പല സ്ഥലങ്ങളിൽനിന്നും ജനങ്ങൾ വന്നു ചേരുന്നതിനു എളുപ്പമാണ്. അതിനെ മുമ്പിലത്തെ സ്ഥലത്തേക്കു തന്നെ മാറ്റി ഇടേണ്ടതു ഏറ്റവും ആവശ്യമാണ്. അതിനാവശ്യമുള്ള കെട്ടിടം ജനങ്ങൾ തന്നെ ഉണ്ടാക്കിക്കൊടുക്കുമെന്നുള്ള സംഗതി ഞാൻ ഗവണ്മെൻറിനെ ഓർമ്മിപ്പിച്ചു കൊള്ളുന്നു.

മിസ്റ്റർ പത്മനാഭമേനവൻ പറഞ്ഞതുപോലെ അമ്പലപ്പുഴ, ചേർത്തല മുതലായ സ്ഥലങ്ങൾ അനാരോഗ്യകരങ്ങളായ സ്ഥലങ്ങളാണ്. മന്ത്, കുഷ്ഠരോഗം മുതലായ രോഗങ്ങളെക്കൊണ്ടു നിറഞ്ഞ സ്ഥലങ്ങളാണവ. മറ്റു സ്ഥലങ്ങളിൽ ഇരിക്കുന്ന ഉദ്യോഗസ്ഥന്മാരെ ആ സ്ഥലങ്ങളിലേക്കു സ്ഥലം മാറ്റുകയാണെങ്കിൽ അവർ അവിടെ പോകുന്നതിനു മനസ്സുള്ളവർ ആയി കാണുന്നില്ല. അതു ഈ സ്ഥലങ്ങളുടെ അനാരോഗ്യകരമായ സ്ഥിതികൊണ്ടാണെന്നു മനസ്സിലാക്കാൻ പ്രയാസമില്ല.

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[Mr. K. M. Krishnan.]

അതിനെ ഇല്ലായ്മ ചെയ്യുന്നതിനു നെയ്യാറുംകര ഒരു ഫെൽത്ത് യൂണിറ്റു സ്ഥാപിച്ചതുപോലെ ചേത്തലയും ഒരു ഫെൽത്ത് യൂണിറ്റുസ്ഥാപിക്കണമെന്നുള്ള സംഗതി ഞാൻ ഗവണ്മെൻറിന്റെ ദൃഷ്ടിയിൽ കൊണ്ടു വരികയും അതിൽ ഗവണ്മെൻറിന്റെ ശ്രദ്ധ പ്രത്യേകം പതിയണമെന്നു അപേക്ഷിക്കുകയും ചെയ്തു കൊള്ളുന്നു.

ഉദ്യോഗദാനവിഷയത്തിൽ എന്റെ സമുദായത്തിലുള്ളവർക്കു ഈ ഡിപ്പാർട്ടുമെൻറിൽനിന്നും ശരിയായ പ്രോത്സാഹനം നൽകി വരുന്നില്ല. എന്റെ സമുദായത്തിൽനിന്നും ഈ ഡിപ്പാർട്ടുമെൻറിൽ വളരെക്കുറച്ചു ആളുകളേ ഉള്ളു. അതിനു തക്ക പരീക്ഷായോഗ്യതയുള്ളവർ ഇല്ലാത്തതു കൊണ്ടാണു് ഈ ഡിപ്പാർട്ടുമെൻറിൽ വേണ്ടത്ര ഈഴവരെ നിയമിക്കാത്തതു എന്നു പറയുമായിരിക്കാം. എന്നാൽ യോഗ്യതയുള്ളവർക്കും കൊടുക്കുന്നില്ല. ഒരേ യോഗ്യത ഉള്ള ഒരു ഈഴവനും മറൊരാളും ഒരുദ്യോഗത്തിനു അപേക്ഷകന്മാരായിരുന്നാൽ ഈഴവനു തന്നെ ആ ഉദ്യോഗം കൊടുക്കണമെന്നുള്ള നയം ഗവണ്മെൻറു സ്വീകരിച്ചിട്ടുണ്ടെങ്കിലും ഡിപ്പാർട്ടുമെൻറു മേധാവികൾ ആ നയത്തെ സ്വീകരിച്ചു പ്രവർത്തിച്ചു വരുന്നതായി കാണുന്നില്ല. ഈ സംഗതിക്കു അനേകം ദൃഷ്ടാന്തങ്ങൾ പറയുവാനുണ്ടു്. അതുപോലെ തന്നെ ഉദ്യോഗകയറ്റത്തിലും ഈഴവരുടെ അവകാശങ്ങളെ അവഗണിക്കുന്നു എന്നുള്ള സംഗതിയും സാധാരണയാണു്. ഈ വക സംഗതികളിൽ അവർക്കു ശരിയായ പ്രോത്സാഹനം നൽകേണ്ടതാണെന്നുള്ള സംഗതിയും ഞാൻ ഗവണ്മെൻറിന്റെ ദൃഷ്ടിയിൽ കൊണ്ടുവന്നുകൊണ്ടു തൽക്കാലം വിരമിച്ചു കൊള്ളുന്നു.

MR. T. T. KESAVAN SASTRI (*Nominated*) : ഞാൻ ഈ ഉപക്ഷേപത്തെ അനുകൂലിക്കുന്നു കാരണം ഈ രാജ്യത്തിലെ അധഃകൃതവർഗ്ഗക്കാരെ സംബന്ധിച്ചിടത്തോളം പ്രസ്തുത ഡിപ്പാർട്ടുമെൻറുകൊണ്ടു കൂടുതൽ സഹായവും പ്രയോജനവും ലഭിക്കുന്നതിനും ഡിപ്പാർട്ടുമെൻറു മേലധികാരികളുടെ ഭയാമസൃണമായസഹായങ്ങൾ പലവഴി ഇപ്പോഴുള്ളതിനേക്കാൾ കൂടുതൽ ഉണ്ടാകേണ്ടതിനും അവശ്യാവശ്യമായ ചില പ്രധാന സംഗതികളെ സംബന്ധിച്ചു ഗവണ്മെൻറിനെ ഉൽബോധിപ്പിക്കുന്നതിനും മറ്റുമാണു്. രോഗം ഉണ്ടാകുന്ന രീതിയിൽ ജാതിമതഭേദമൊ, ഉൽകൃഷ്ടാപകൃഷ്ടാവസ്ഥയോ കാരണമായിത്തീരാവുന്നതല്ലല്ലോ. രോഗം അധഃകൃതനും ഉൽകൃഷ്ടനും ഉണ്ടാകാം. എന്നാൽ ഒരു ഉൽകൃഷ്ടനു് രോഗമുണ്ടായാ

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ൽ അതിന് പരിഹാരം ചെയ്യാൻ വേണ്ട സൗകര്യവും കാണും. അധഃകൃതൻ രോഗബാധിതനായാൽ രോഗപരിഹാരത്തിനു വേണ്ടി ചികിത്സകരം നടത്തുന്നതിനും മറ്റും വേണ്ട ധനമൊ മറ്റു ഇതരവൈദ്യസഹായസഹകരണങ്ങളൊ ഉണ്ടാകയുമില്ല. എന്തിനു ഒരെ സമയത്തു ഒരു ഉൽകൃഷ്ടനും ഒരു അധഃസ്ഥിതനും രോഗബാധിതരായാൽ ഉൽകൃഷ്ടന്റെ രോഗം ഇല്ലാതാകുകയും അധഃകൃതൻ അതു രോഗം കൊണ്ടു തന്നെ നിശ്ശേഷനായി തീരുകയും ചെയ്യുന്നു. അധഃകൃതനു ധനാഗമമാർഗ്ഗങ്ങളിലും മനുഷ്യസാധാരണമായ ജീവസന്ധാരണത്തിലും മറ്റുള്ള ആളുകൾക്കുള്ളതുപോലെയുള്ള കഴിവുകളില്ലാത്തതു കൊണ്ടാണ് ഇങ്ങിനെ സംഭവിക്കുന്നതു. പരിശോധനചെയ്തു രോഗികളെ ചികിത്സിക്കുന്ന സമ്പ്രദായത്തിൽ മെഡിക്കൽ ഡിപ്പാർട്ടുമെൻറുകാർ എല്ലാ പേരേയും ഒന്നുപോലെ തന്നെ സഹായിച്ചു വരുന്നുണ്ടു്. എങ്കിലും ഇന്നുള്ളതിനെക്കാൾ കൂടുതലായ സഹായസഹകരണങ്ങൾ അധഃകൃതവർഗ്ഗക്കാരായ രോഗികളുടെ പേരിൽ കരുണാപൂർവ്വം ചെയ്യേണ്ട ആവശ്യങ്ങളെയാണു് ഞാൻ ഗവണ്മെൻറിന്റെ ദൃഷ്ടിയിൽകൊണ്ടു വരുന്നതു്. അധഃകൃതവർഗ്ഗക്കാരിൽ അധികഭാഗവും സാധാരണ എല്ലാ ആളുകളും ഉപയോഗിച്ചുവരുന്നതു പോലെയുള്ള സുഖകരങ്ങളായ ആഹാരസാധനങ്ങൾ കഴിക്കാൻ നിവർത്തിയില്ലാത്തവരാണു്. അവരിൽ പച്ച ഇലകളും പച്ച കിഴങ്ങുകളും മറ്റും മിക്ക അവസരങ്ങളിലും ആഹാരമായി ഉപയോഗിക്കുന്നവരുമുണ്ടു്. അതുകൊണ്ടു് വളരെ വേഗത്തിൽ അവർക്കു രോഗം പിടി പെടുന്നുണ്ടു്. നിവർത്തിക്കുറവിനാൽ പയറിന്റെ ഇല, മരച്ചീനിക്കിഴങ്ങു് മുതലായവ ആഹാരമായി കഴിച്ചു അവരിൽ അധികം പേരും രോഗാണുക്കളെ സ്വയം വരിക്കാതെയുമിരിക്കുന്നില്ല.

MR. K. KUNJUKRISHNA PILLAI (*Quilon I*): തിരുവിതാംകൂറിൽ ൫൦൦ വയസ്സിനുമേൽ ജീവിച്ചിരിക്കുന്നവർ അധഃകൃതവർഗ്ഗത്തിൽപെട്ടവരാണെന്നു സെൻസസ്സ് റിപ്പോർട്ടിലുള്ള സംഗതി മെമ്പർക്ക് അറിയാമോ?

MR. T. T. KESAVAN SASTRI (*Nominated*): അറിയാം. രോഗമില്ലാത്തതുകൊണ്ടു് അവരിൽ ചിലർ ൫൦൦ വയസ്സുവരെ ജീവിച്ചിരിക്കുന്നു എന്നുമാത്രമെ ഞാൻ കരുതുന്നുള്ളു.

MR. A. THANU PILLAI (*Trivandrum-Rural*): അവരുടെ വയസ്സു് ഇത്രശരിയായി പറഞ്ഞു കൊടുക്കുന്നതു് ആരായിരിക്കും?

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MR. T. T. KESAVAN SASTRI (*Nominated*): അതു് അവർതന്നെ ആയിരിക്കണം.

MR. N. JOHN JOSEPH (*Nominated*): അവരെക്കാൾ വയസ്സുകൂടുതൽ ഉള്ളവർ പറഞ്ഞിട്ടല്ലേ അറിയുന്നതു്?

MR. T. T. KESAVAN SASTRI (*Nominated*): അതെ, അതിനു സംശയമില്ല.

MR. N. JOHN JOSEPH (*Nominated*): അപ്പോൾ ആരാണു്. കൂടുതൽ ജീവിച്ചിരിക്കുന്നതു്?

MR. T. T. KESAVAN SASTRI (*Nominated*): രോഗം പിടിപെടാത്തവരാണു് ദീർഘകാലം ജീവിച്ചിരിക്കുന്നതു്.

ഇനി ഒരു സംഗതി എനിക്കു ഗവണ്മെൻറിന്റെ ദൃഷ്ടിയിൽകൊണ്ടുവരാനുള്ളതു് അധഃകൃതവർഗ്ഗക്കാർ രോഗാതുരന്മാരായി ആസ്പത്രികളിൽചെന്നാൽ അവരെ പരിശോധിക്കുന്നതിലും ശുശ്രൂഷിക്കുന്നതിലും അധികാരികളിൽ ചിലർ നല്ലപോലെ ശ്രദ്ധപതിപ്പിക്കുന്നില്ലെന്നുള്ളതാണു്. അധഃകൃതവർഗ്ഗക്കാർ മറ്റു് ആളുകളെ അപേക്ഷിച്ചു് വൃത്തിയിലും സംസ്കാരത്തിലും കേവലം പിന്നോക്കമാണെന്നുള്ളകാര്യം എല്ലാവർക്കുംഅറിയാവുന്നതാണു്. ഇങ്ങനെ സംസ്കാരവും വൃത്തിയും ഇല്ലാത്ത ഒരാളിന്റെ അടുത്തുചെന്നു് സംസ്കാരവും വൃത്തിയും യഥാക്രമം പരിപാലിക്കുന്ന ഒരാൾ സന്മനസ്സോടുകൂടി ശുശ്രൂഷിക്കുന്നതിൽ ആലസ്യം പ്രകടിപ്പിച്ചേക്കാം. എന്നാൽ രോഗാതുരനായ അധഃകൃതനിലും രോഗാതുരനായ ഉൽകൃഷ്ടനിലും പരസ്പരം വ്യത്യാസബുദ്ധിയോടുകൂടി പെരുമാറുന്നതു് കേവലം സങ്കടാവഹമാണെന്നുപറയാതെ നിവൃത്തിയില്ല. പല ആസ്പത്രികളിലെ അധികാരികളും അവരുടെ രോഗപരിശോധനയിൽ കൂടുതൽ താല്പര്യംകാണിക്കുന്നില്ലാ എന്നുള്ളതുകൂടാതെ ശരീരത്തിൽ പിടിച്ചുനോക്കി യന്ത്രങ്ങൾകൊണ്ടും മറ്റും പരിശോധിക്കുന്നതിനുപകരം കയ്യിലിരിക്കുന്ന ഥർമൊൻസിൽകൊണ്ടോ ഥർത്തടികൊണ്ടോ അവയവങ്ങളിൽ തട്ടിനോക്കി പരിശോധിച്ചിരുന്നു എന്നുള്ളകാര്യവും ഓർമ്മയിൽവരുന്നു. ഈ അവസരത്തിൽ അങ്ങിനെ ചെയ്യുന്നവർ ആരും ഉണ്ടായിരിക്കയില്ലെന്നു വിശ്വസിക്കുന്നു. ആദ്യം പറഞ്ഞതുപോലെ അവരുടെ വൃത്തിഹീനതയായിരിക്കാം ഇതിനുകാരണമെന്നു സമാധാനിക്കാം.

ഈ രാജ്യത്തിന്റെ നാനാഭാഗങ്ങളിലും ആയി അനേകലക്ഷം പണം വ്യയംചെയ്തു് പൊതുജനാരോഗ്യത്തെ നിലനിറുത്തിപ്പോരുന്ന എതാനുയോ സ്ഥാപനങ്ങളുണ്ടു് മെഡിക്കൽഡിപ്പാർട്ടുമെൻറിലുള്ളതു്. ഇങ്ങിനെയുള്ള സ്ഥാപനങ്ങളിൽ പലതിലും അധഃകൃതക്കു് ഓരോപ്രത്യേ

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[Mr. T. T. Kesavan Sastari.]

കസ്ഥലങ്ങളാണ് തിരിച്ചിരിക്കുന്നതു്. തിരുവനന്തപുരം, തിരുവല്ലാ, കോഴഞ്ചേരി എന്നീസ്ഥലങ്ങളിൽ നോക്കിയാൽ ഈ സംഗതികാണാവുന്നതാണു്. പുലവാർഡ്, പറയാവാർഡ്. എന്നിങ്ങനെയുള്ള പേരിൽ അധഃകൃതക്ക് പ്രത്യേകസ്ഥലങ്ങൾ തിരിച്ചിരിക്കുന്നു, അവരെ മറ്റുള്ള ആളുകളോടുകൂടി കിടത്തി ചികത്സിപ്പിക്കുതന്നെ വേണമെന്നല്ല ഞാൻ ആഗ്രഹിക്കുന്നതു്. സന്മനസ്സും കാരുണ്യവുമുള്ള ഡാക്ടരാണെങ്കിൽ മറ്റുള്ള ആളുകളെ പരിശോധിക്കുന്നതുപോലെതന്നെ ഈ സാധുക്കളായ അധഃകൃതരെയും പരിശോധിക്കാതേയും ചികത്സിക്കാതെയുമിരിക്കയില്ല ഇന്നത്തെഡാക്ടർമാർ അധഃകൃതരോടു് ദയകാണിക്കുന്നില്ലാഎന്നു ഞാൻ തീർത്തുപറയുന്നില്ല. പല ആളുകളും അവരിൽ കൂടുതൽ കാരുണ്യത്തോടുകൂടി സഹായസംരക്ഷണങ്ങൾ ചെയ്യുന്നുണ്ടു്. എങ്കിലും ആസ്പത്രികൾ മുഖേനഅവരുടെ രോഗം ശമിപ്പിക്കുന്നതിനു് കൂടുതൽ സമയലാഭവും സൌകര്യവും ഇല്ലാതിരിക്കുന്നതിനാൽ അവർ വേലചെയ്യുണ്ടാക്കുന്ന ഏറ്റവും തുഛമായ ആദായത്തിൽ ഒരംശം നാട്ടുവൈദ്യന്മാർക്കുകൊടുത്തു ചികിത്സിപ്പിക്കേണ്ടതായി വന്നുകൂടുന്നുണ്ടു്. നാട്ടുവൈദ്യന്മാരുടെ ചികിത്സനിമിത്തം അവരുടെരോഗം എത്രയുംവേഗം ഇല്ലാതാകുന്നുമുണ്ടു്. എന്നാൽ ഈ രീതിയിൽ ചികിത്സനടത്തുന്നതിനു തക്ക പണവും അവർക്കില്ല. ഇവിടെയിരിക്കുന്ന മഹാശയന്മാർക്കെല്ലാം അറിവുള്ളതാണു് പാമ്പാടി സിദ്ധന്റെ കഥ. എത്രയോ ആളുകൾ പണച്ചിലവില്ലാതുള്ള ആ രോഗപരിഹാരത്തെ കരുതി കുപ്പികളും എടുത്തിക്കൊണ്ടു് അദ്ദേഹത്തിന്റെ അടുത്തുപോയിട്ടുണ്ടു്. ഇങ്ങനെ പോയിട്ടുള്ളവരിൽ അധികം പേരും അധഃകൃതരായിരുന്നു

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*) : വലിയ സർക്കാർ ഉദ്യോഗസ്ഥന്മാരും പാമ്പാടിസിദ്ധന്റെ അടുത്തു പോയിരുന്നു എന്നുള്ളതറിയാമോ?

MR. T. T. KESAVAN SASTRI (*Nominated*) : അറിയാം.

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*) : അവർ ഏതുവകുപ്പിൽപ്പെട്ടവരാണു്?

MR. T. T. KESAVAN SASTRI (*Nominated*): വലിയ സർക്കാർഉദ്യോഗസ്ഥന്മാരാണെങ്കിൽ അവർ അധഃകൃതർ ആയിരിക്കയില്ലെന്നാണു് ഞാൻ വിചാരിക്കുന്നതു്.

ഏതാട്ടശ സംഗതികൾ എല്ലാം ഗവണ്മെൻറിന്റെ ദയാദൃഷ്ടിയിൽ കൊണ്ടുവന്നു് അശരണരും നിർദ്ധനരുമായ സാധുജനങ്ങളുടെ പേ

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[Mr. T. T. Kesava Sastri.]

രിൽ കൂടുതൽ സഹായസഹകരണങ്ങളും ഈ ഡിപ്പാർട്ടുമെൻറ മുഖേന മേലുണ്ടാകുവാൻ സാദരമഭ്യർത്ഥിച്ചുകൊണ്ട് ഞാൻ ഈ ഉപക്ഷേപത്തെ അനുകൂലിച്ചുകൊള്ളുന്നു.

MR. A. THANU PILLAI (*Trivandrum—Rural*): I wish to say a word in connection with the arrangements for control now made by Government. It raises some very interesting and important questions. I find in the budget that provision is made for a Deputy Durbar Physician on Rs. 750 and another on Rs. 500 with this note "that the posts are only temporary and provision is made for the pay of the present incumbents." I take it for granted that these posts are temporary in the same way as some years ago two High Court Judges were temporary. Now, Sir, what is the justification for this kind of arrangement. Here is a department which employs a large number of highly qualified medical men. Is it seriously urged by the Government that in this large Department which has been in existence for very many years there is not a single officer who can be entrusted with the task of controlling this Department? If the answer from the Government is, "Yes, there is no officer who can be entrusted with this work", then I should say that it is the strongest condemnation of the department imaginable. If the answer is that there are officers in the Department, fit to administer it, then I ask the question what justification there is for Government keeping things undecided in this fashion. Why not choose the most senior or the most efficient officer and put him or her in charge of the Department? I know a lady is concerned in this matter. If according to the policy of the Government there is no objection in putting a lady in charge of this Department, I ask why not put her in charge of it. If it is the policy of Government that a lady should not be put in charge of the Department, then I ask why not put the seniormost male officer in charge of it; and if the seniormost man and the lady are unfit, why not choose the officer who comes next in point of seniority. These questions I put to Government in all earnestness and I expect the Government benches to give me a satisfactory answer worthy of a Government.

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*): Does the member know that out of the four senior surgeons in the medical department three are females and only one male?

MR. A. THANU PILLAI (*Trivandrum—Rural*): Yes.

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*): Does not the member think that if selection is made of the next senior officer in the Department it will go to a lady?

MR. A. THANU PILLAI (*Trivandrum—Rural*): I think I made my position clear. If it is consistent with the policy of the Government to appoint a lady as the head of this Department—that matter arises as part of a large question and I am not going into it for the present—I say, choose the seniormost and the best. If there is objection to the

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one, then go to the next. I ask what is the objection in doing that. Is it that the 80 and odd institutions cannot be controlled by any officer in this State? I am far from believing that. Then I should have a very bad impression of the Medical Department and I should condemn the Government for maintaining these officers. Now it is stated that these posts are temporary. When are the Government going to make permanent arrangements, Sir? The Medical Board was abolished on the recommendation of this House and at the instance of the Retrenchment Committee. Then I and my friends on this side of the House took it that Government were earnest, and that they were going to have one full-time officer. Government told us that the Medical Board was not working satisfactorily. There was that admission from the Official Benches. When we thought that Government were going to appoint an officer from the Department in charge of it, they imported an officer from outside; and a very curious arrangement was made. That officer was put in charge of the General Hospital at Trivandrum and also in charge of the Department. Things could not go on properly. He could not find enough time to attend to the duties attaching to both these offices. If Government cannot find a competent man from the department to be placed in charge of the General Hospital, one may be brought from outside and put in charge of that institution. That competent man may also be paid decently. It is really a disgrace that the Travancore hospitals are not half so popular as some of the Mission-run institutions in the State. I do not know whether it is due to the lack of efficiency on the part of the officers concerned. If Government do not find competent men from the department to be put in charge of the General Hospital, why not import somebody from outside? But so far as the running of the department is concerned, can we not find a competent man from the department? Why these halphazard ways of doing things. Why not appoint a man from the department, if it is possible? And I think it is possible. We have seen ever so many officers being imported from outside. I do not find much advantage in that except that we should spend thousands where our own officers would be satisfied with hundreds. If we put any one of our men in charge of the department, it would cost only below Rs. 1,000. But if we import from outside, that may cost Rs. 3,000 or even more. These aspects of the matter, I hope, will be dealt with here by the official side. There should be no tinkering with matters like this.

Then I come to the Deputy Durbar Physicians. What are the functions of these two officers? Till the creation of the Administrative Board, we were having only one Durbar Physician. He was running the department in former days and the number of institutions has not considerably increased since. Why then these two Deputy Durbar Physicians? I raise my emphatic protest against these unnecessary appointments.

Then one word about the officer now in charge of the inspection work. Sir, it is highly objectionable that the person in charge of this work

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[Mr. A. Thanu Pillai]

should be connected with private agencies. I know there is a complaint against that. I am told that he once made a recommendation to Government that a Government institution should be stopped because one of the institutions which his Mission was conducting existed somewhere in the neighbourhood. It is really a pity that Government should have gone in for the aid of these private Mission agencies for getting officers for their services.

Then a word about the medical aid in my constituency. I should bring to the notice of the Government that I represent the Trivandrum General Rural constituency in which there is absolutely no Government institution for medical aid. There are some institutions like the Lunatic Asylum, the Leper Asylum and the Incurables Asylum which we do not want in our constituency. There is no other Government medical institution in my constituency. That is a deplorable fact.

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): Sir, I support Mr. Alexander's motion with very great pleasure. Sir, it has been the declared policy of the Government to extend the system of free medical relief as far as possible. From the Administration Report, I find the following statement at page 175 :

> "The long established policy of the Government has been to see that proper medical aid is placed within the reach of all classes of people in the State. Accordingly free medical aid and a free supply of medicines are made available for the public in all Medical institutions maintained by Government."

How far this policy has been kept in view by the department has to be looked into. For want of a definite and systematic policy in the matter of locating hospitals and dispensaries, we find that certain portions of the State are very very backward in the matter of medical relief. To take one instance, a very large area in the whole of South Travancore, practically the whole area covered by the taluk of Vilavankod, even at this advanced stage in the history of civilization, is still without a District Hospital. The deplorable effect of this was seen a few years ago when cholera broke out in an epidemic form in the State. It is in the knowledge of every one that the largest number of deaths from cholera was in Vilavankod. During those horrible times, we had no hospitals and no doctors to approach. Many people especially the poor had to die in their own huts.

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*) : Is the member sorry that they were not able to die in hospitals ?

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*) : I have a much better belief in the efficacy of hospitals than my learned friend. I trust that they will not die when they go to hospitals. Many years ago the people of the taluk memorialised the Government. I think that was during the time of Mr. (now Sir) M. Krishnan Nair. We approached him and complained that we should have a District Hospital. Soon after we were given a Veterinary Hospital. (*Laughter*). I do not

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know whether that is the only thing that the people of Vilavankod deserved.

MR. EDAVANATT S. PADMANABHA MENON (*Shertala I*): May I know whether the Veterinary Hospital was a long-felt need?

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): People were better without a Veterinary Hospital, but a District Hospital is a vital necessity for us. We repeated our prayer again. It appears that when the matter was brought to the notice of the Government what they then did was to increase the grant to the Mission Hospital at Martandam. At present the only medical relief enjoyed by the people of Vilavankod is the Government Dispensary at Arumanai. This institution was started as a seasonal malarial dispensary that will work only for a few months of the year. Now that has become a permanent one. And then there is the Mission Hospital at Martandam. This is a very small institution which is manned by a Medical man, who in terms of the official heirarchy of Medical Officers is no better than a Sub-Assistant Surgeon. There is no provision for delivery cases, and the provision for in-patient beds is very limited and poor people can get no help whatsoever. We all know that in Mission Medical Institutions they charge a fee and if poor people are not able to pay for the medicine they cannot get any help from there. Recently I understand a dispensary has been sanctioned by Government to be located somewhere near Puthukadai or Tengapattanam ; but for want of a suitable building, the institution has not begun to work. This is the state of affairs so far as medical relief in the Vilavankod taluk is concerned. Many of my friends on this side of the House have been pressing on the attention of the Government the vital necessity for medical relief in several places. I emphatically draw the attention of the present Head of the Department as well as the Head of the Administration the vital necessity for giving a District Hospital for the Vilavankod taluk. In this connection I would also bring to the notice of Government the fact that certain places are over-pampered. In the neighbouring taluk of Neyyattinkara, they enjoy enough of medical relief, nay more. There are two first class District Hospitals, one at Neyyattinkara and the other at Parasala.

MR. N. K. KRISHNA PILLAI (*Neyyattinkara I*): May I know whether the member knows the comparative population of Neyyattinkara and Vilavankod taluks?

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): I would refer the member to the learned Census Commissioner for getting the exact number.

MR. N. K. KRISHNA PILLAI (*Neyyattinkara I*): May I inform the member that it is treble?

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): It is not treble.

MR. N. K. KRISHNA PILLAI (*Neyyattinkara I*): Is it double?

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): No, it will be about $1\frac{1}{2}$ times.

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MR. N. K. KRISHNA PILLAI (*Neyyattinkara I*) : It is double.

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*) : It was suggested that the District Hospital at Parasala which is an unimportant place, could be shifted to a place anywhere within the Vilavankod taluk. That was not done. I would also suggest that there is a very ideal site for locating a hospital near Vilavankod. There is a hill known as Kazhukinthitta which is an ideal site for a hospital. We get sea breeze and the property belongs to Government. So there will be no necessity for land acquisition. A hospital could be conveniently located there. I urge again the necessity for providing Vilavankod taluk with adequate medical relief. Of course in the midst of the demands from various sides for hospitals and dispensaries in various taluks, I hope my prayer on behalf of the Vilavankod taluk will not be lost sight of by the Head of the Administration.

MR. K. A. NARAYANA PILLAI (*Todupuzha* cum *Devicolam*) : Sir, I support Mr. Alexander's motion, and I do fully endorse the view of my learned predecessors. My chief complaint against the Medical Department is that we the Northerners, that is the people north of Kottayam, do not get any benefit out of this department except what we got years and years ago when the Medical Department came into existence. Of course, some of my friends have been speaking about local needs. I have also to press on the attention of the Government about the needs of my taluk, namely, Todupuzha. In the extensive area of Todupuzha, there is only one dispensary with a Sub-Assistant Surgeon, a recently appointed midwife and a compounder. That building was newly put up. It gave us some satisfaction. Long ago, when Sir P. Rajagopalachari was the Dewan of Travancore, he visited the dispensary and made a remark that Todupuzha is an out of the way place and therefore this dispensary ought to be made into a *pucca* hospital. That is his remark in the visitor's diary. Ever since then representations have been made in the Popular Assembly to raise it into a District Hospital and to put up two dispensaries 7 or 8 miles away from it. In 1104, the then Inspecting Medical Officer inspected the places where dispensaries were to be newly opened. People were willing to hand over the buildings if the dispensaries were opened. Government were of opinion that only bi-weekly dispensaries could be opened. We were satisfied even with that. Then the suggestion came from Government that a dilapidated building which was acquired from the Forest Department may be improved and the hospital located there. The condition put up on the public was that, if that building is improved by the people, then the Disensary will be raised into Hospital. But when we demanded a written contract to the effect that, if the public of Todupuzha improved the building, then the department will raise the dispensary into a hospital, the department was not willing to give it. That is to say the department wanted us to improve the building and then to beg of them to raise the dispensary. So nothing has been done as yet. Another complaint is that we do not get medicines in time in the dispensaries. I

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think the Durbar Physician will concede that for 1108 no medicine has been sent to that hospital till now. I am open to correction. Further, important medicines are not sent. When a serious case is taken to the hospital, the Medical Officers at times prescribe some medicine which we have to purchase elsewhere. The nearest place for us is Ernakulam.

MR. T. K. VELU PILLAI (*Trivandrum-Urban*): What is the distance between Todupuzha and Ernakulam ?

MR. K. A. NARAYANA PILLAI (*Todupuzha* cum *Devicolam*) : 36 miles. There were a few cases in which the patients had to be sent to Ernakulam. Patients in such cases as shooting and stabbing were sent to Ernakulam and as soon as the patients reached that place they breathed their last. Neither at Muvattupuzha nor at Todupuzha nor at Perumpavoor, is there sufficient equipment. So all complicated cases have to go to Ernakulam. Imagine the picture of a Travancore patient going to Cochin. What will be the opinion of a person at Cochin when a Travancorean is taken there ? That is a fact which I want to bring to the notice of the Government.

Another thing is that our requirements in general are never attended to. I have been pressing about the necessity for opening bi-weekly dispensaries. I myself had promised that we would rent a building and pay the rent ourselves if Government will open dispensaries. In spite of these things, nothing has been done.

We made a request to the Government to convert the dispensary into a District Hospital, by sending a competent Assistant Surgeon also for Todupuzha. For the time being an Assistant Surgeon was sent. But after a year or two he was transferred. So my submission is that local needs must be attended to. In the sessions of the Popular Assembly we could discuss our local needs. But here some of my friends were telling me that this is not the place for discussing local needs. They say that here we should discuss only general policy. So unless local needs are attended to by Government, we find it difficult to meet our needs. There is a big allotment for the Trivandrum General Hospital. Money is spent for Trivandrum, Quilon or places south of Quilon. Money is lavishly spent on big cities or towns and not in places where medical aid is necessary. One of my friends was referring to tropical diseases. I think the learned Land Revenue Commissioner has received a report that malaria and typhoid are raging at Todupuzha and additional medical aid is necessary. With these words, I support the motion.

MR. M. SIVATANU PILLAI (*Tovala*): I beg to offer a few remarks in this motion. As I listened to the trend of discussion, I felt I must also speak a few words. It reminds me of the old story on a breakfast table. There were seated the father, the mother, the son and the father's mother. The little impudent son was closely watching his parents when they were participating in the food that was served. Suddenly he said to his father, 'daddy, daddy' I wish to marry your mother.' The father was taken by surprise to see his son put such a

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[Mr. M. Sivatanu Pillai.]

very impudent question and asked him why he wanted to marry his mother. He answered, if you can marry my mother why not I yours. In that way, if members coming from different parts of this State speak about their local medical needs severally, permit me also, Sir, to speak a few words on this motion.

With this preface, I would urge on the attention of Government the desirability which can ill afford to wait any longer for opening rural dispensaries. I would rather suggest, the Government will consider seriously the question of framing a scheme for opening up a network of rural dispensaries in all areas wherever found necessary. Well; Sir, I may remind this House that some 6 years back during the administration of the late Mr. Watts, the then Government was so much, if I might say so, obsessed with the idea of starting rural dispensaries throughout the whole State. Because, the Government was so impressed with the necessity of starting medical relief in almost all nooks and corners of the State. I believe one of the reasons that so persuaded the Government was that there was an out-break of cholera and for two or three months subsequent to that, the attack was sweeping and took too heavy a toll. Government was giving all help it could to minimise suffering. So much so, Government was struck with the idea of starting rural dispensaries which alone could combat such situations, and accordingly a good provision was made in the budget. It was in the year 1102 and the present acting Durbar Physician was more than primarily responsible for encouraging that idea that was started in the mind of the Government. As a result, in my taluk one dispensary was permitted to be opened. Of course provision also was made. I had the privilege of inspecting the place with the acting Durbar Physician Dr. Raman Tampi whether it was fit for a dispensary or not. Then the scheme of it was that the people of the locality should provide not only furniture but also a decent and suitable building. When these two provisions were satisfied by the people of the locality, the Government thought of running a hospital in that place.

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): Will my friend say how many district hospitals and dispensaries are there in his constituency?

MR. M. SIVATANU PILLAI (*Tovala*): Only one—not that I grudge other constituencies getting more. But if I have power to do it, certainly I will prefer Mr. Narayana Pillai's constituency getting more.

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): Sir, my friend has not answered my question.

MR. M. SIVATANU PILLAI (*Tovala*): What I have to say is that there is necessity for opening rural dispensaries everywhere in the State. I do not mind whether it is in Mr. A. Narayana Pillai's place or Mr. Pattam Thanu Pillai's place. I am not at all interested in any one particular place. I will even sacrifice my own interests in favour of others' interests.

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MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): May I know whether the dispensary which he proposes is for his constituency or for his taluk or for whom it is intended?

MR. M. SIVATANU PILLAI (*Tovala*): In only rural parts wherever medical relief has not yet reached, whether it is in North Parur, or Todupuzha or Nedumangad or Vilavankod. If the members were inclined to be jealous for their own interests in their place, I will even sacrifice my interest and advocate for having more in my friend Mr. A. Narayana Pillai's locality. I care more for others' interests than for mine. I am only impressing on the attention of the Government the imperative necessity for starting a network of rural dispensaries everywhere. I hope at least by the time we meet next year for budget session, my hopes will be fulfilled. I am sure then there will not be any clamour from any part of the House here for medical relief.

One point more. I was closely listening to the sentiments given expression to, with regard to the appointment of an officer, *i.e.* the Deputy Darbar Physician who has got to attend to two different functions. One is as the Inspecting Medical Officer of the State and the other is as medical officer in charge of the big hospital run by the Salvation Army institution. Most of the members may not understand and appreciate the effect of this, I should call it the pernicious effect, on the minds of the people. We might imagine a case where an officer concerned in a medical activity being so preferred and highly placed is held in high esteem and regard—that officer so regarded not only in the place where he comes from but in influential quarters as well—as a matter of fact he gets a world repute. Taking this concrete instance, this officer who has two-fold functions to do, one who has to command more than all the confidence, respect and regard of the Government that appoint him as the present acting Deputy Darbar Physician; and the other loyalty to a section called the Salvation Army. To my experience and knowledge, which I challenge any member to gainsay, the general effect of this is that in certain cases which affected the private affairs between individuals and individuals, this officer's name had been traded upon by persons who happen to come from Salvation Army places and taken advantage of—a fact that was noticed by me to influence the Government Officers for their end. As far as that individual purpose is concerned, what I have to state is this. In a particular place where a Salvation Army man and another non-Salvation Army man had to contend agaist each other with regard to a property dispute, the Police people had to interfere, of course in favour of the former to avoid displeasure of their officer—

PRESIDENT: You are not in order.

MR. M. SIVATANU PILLAI (*Tovala*): Well, Sir, I am only bringing to the notice of the House the pernicious effect of one from a missionary institution being made to do the functions of an official. That is not at all desirable. My friend Mr. Thanu Pillai also impressed on the House so much about that officer's dual functions.

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[Mr. M. Sivatanu Pillai.]

Then with regard to the supply of medicine, I heartily endorse the sentiments so ably expressed by the previous speakers.

MR. CHANGANACHERY K. PARAMESVARAN PILLAI (*Kunnattur cum Pattanapuram*): I move that the question be now put.

MR. K. GEORGE (*Chief Secretary to Government*): Sir, in the course of this debate, points of local interest were raised. I am not in a position to give a reply in regard to these local needs. I shall deal with these matters which are in the nature of a general criticism. The other matters will be referred to by the acting Darbar Physician.

One general criticism that was levelled against the department was regarding the present administrative arrangements. Some time ago there was a Board to administer the department. When it was abolished, Government appointed a Darbar Physician. The arrangement then come into was to put the Darbar Physician in charge of the General Hospital also so as to infuse life into that institution which the Government considered was being somewhat neglected. When the Darbar Physician was appointed in charge of the General Hospital also, it was found necessary that assistants should be given to him to conduct the general administration of the department. Accordingly it was decided to give him two assistants. One was to help him in inspection work. The Darbar Physician being in charge of the General Hospital could not devote any considerable time to go round the country and conduct annual inspection of the medical institutions in the State. So it was arranged to have an inspecting officer to help the D. P. in the inspection work. Another assistant was appointed to assist the Darbar Physician in his office work.

MR. A. S. DAMODARAN ASAN (*Mavelikara*): May I know, before the institution of the Medical Board, was the Darbar Physician in charge of the General Hospital also?

MR. K. GEORGE (*Chief Secretary to Government*): No.

MR. A. S. DAMODARAN ASAN (*Mavelikara*): May I know, why the General Hospital was in a neglected condition when the Darbar Physician was not in charge of the same?

MR. K. GEORGE (*Chief Secretary to Government*): Medical science and surgical science are advancing by leaps and bounds all over the world. So it was that the Government thought there should be an officer there who is an expert in his profession.

MR. A. S. DAMODARAN ASAN (*Mavelikara*): May I know whether the officer in charge of the General Hospital was not well advanced in his profession?

MR. K. GEORGE (*Chief Secretary to Government*): But not as up-to-date as the officer in charge of the premier hospital of the State should be.

MR. A. S. DAMODARAN ASAN (*Mavelikara*): Could not Government put any person who is 'well' advanced, according to Government in charge of the hospital?

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MR. K. GEORGE (*Chief Secretary to Government*): That is just what Government did by appointing a competent officer, putting him in charge of the hospital and giving him also the general administrative control of the Department.

MR. A. S. DAMODARAN ASAN (*Mavelikara*): Why was that given to him?

MR. K. GEORGE (*Chief Secretary to Government*): It was found that such an arrangement was workable.

MR. A. S. DAMODARAN ASAN (*Mavelikara*): Was it the idea of Government that both general hospital management and administration would not suffer if a person is put in charge of both?

MR. K. GEORGE (*Chief Secretary to Government*): That is why assistants were given. With their assistance it is quite possible to administer the department with efficiency.

MR. A. S. DAMODARAN ASAN (*Mavelikara*): Was it found, that, before the institution of the Board, the Darbar Physician having charge of the general administration was not doing his duties properly?

MR. K. GEORGE (*Chief Secretary to Government*): Government wanted to raise the tone of the General Hospital and improve its efficiency. There have been complaints that this hospital is not as up-to-date as it should be. I think the Legislative Council itself had given expression to that.

MR. A. S. DAMODARAN ASAN (*Mavelikara*): Is not the present acting Darbar Physician efficiently discharging the duties entrusted to the post?

MR. K. GEORGE (*Chief Secretary to Government*): Yes.

So, Government appointed a person who can be in general control of the department and at the same time infuse life into the department itself.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*): Then why not appoint a proper surgeon to be in charge of the General Hospital leaving the Darbar Physician to himself.

MR. K. GEORGE (*Chief Secretary to Government*): The person appointed was a very competent officer who was specially got down from England. As for the administration of department—

MR. S. CHATTANATHA KARAYALAR (*Shencotta*): Was it that the Government wanted to try a new experiment in that way?

MR. K. GEORGE (*Chief Secretary to Government*): It might be said it was a sort of experiment.

MR. A. THANU PILLAI (*Trivandrum-Rural*): May I know from the member, is inspection of institutions the main function of the Darbar Physician?

MR. K. GEORGE (*Chief Secretary to Government*): That is one of the chief items of work he has to attend to. There is a great deal of work in the office. I was going to explain that the second deputy is to help him in his office work.

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MR. K. GEORGE (*Chief Secretary to Government*): That person is not whole-time Deputy Durbar Physician but is also in charge of a hospital.

MR. S. J. NAIR (*Nedumangad*): May I know the name of that Deputy Durbar Physician?

MR. K. GEORGE (*Chief Secretary to Government*): The member knows it as much as I.

MR. S. J. NAIR (*Nedumangad*): Will the member be pleased to tell me the name of that Deputy Durbar Physician who is not a whole-time officer?

MR. K. GEORGE (*Chief (Secretary to Government*): I did not refer to anybody who is not a whole-time officer. I was speaking of a Deputy Durbar Physician who is not whole-time Deputy Durbar Physician but who was also in charge of a hospital, that is Dr. Mrs. Lukkose. The two Deputy Durbar Physicians were, therefore, appointed, one to assist the Durbar Physician in inspection work and the other to assist the Durbar Physician in his office work. So, the work of the Durbar Physician will be to have general administrative control over the Department and to have direct charge of the General Hospital.

MR. A. THANU PILLAI (*Trivandrum-Rural*): May I know whether the Government are still of the opinion that such an arrangement should be continued, or that the General Hospital should be put in the charge of a separate doctor and a full-time Durbar Physician appointed?

MR. K. GEORGE (*Chief Secretary to Government*): That matter has not been finally decided.

MR. K. R. ELENKATH (*Kalkulam I*): May I know whether the Inspecting Medical Officer is a full-time officer?

MR. K. GEORGE (*Chief Secretary to Government*): No, he is not.

MR. K. R. ELENKATH (*Kalkulam I*): Is it because a full-time officer could not be found out?

MR. K. GEORGE (*Chief Secretary to Government*): A full-time officer is not necessary for that work.

MR. S. J. NAIR (*Nedumangad*): May I know whether the present Inspecting Medical Officer has any other private duties to perform as a medical man?

MR. K. GEORGE (*Chief Secretary to Government*): I think he is in charge of a hospital.

MR. S. J. NAIR (*Nedumangad*): May I know the reason why a man who has a hospital under him was appointed for the place?

MR. K. GEORGE (*Chief Secretary to Government*): He was a member of the Medical Board and has therefore intimate knowledge of the working of the Department.

MR. S. J. NAIR (*Nedumangad*): May I know whether there was not any officer in the Department with knowledge of the working of the Department?

MR. K. GEORGE (*Chief Secretary to Government*): No; the various medical officers in the Department are each in charge of some hospita

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or dispensary ; and there is none who has a general knowledge of the working of the Department as a whole.

MR. A. THANU PILLAI (*Trivandrum-Rural*) : Has the present Inspecting Medical Officer any experience or knowledge of the supervision work of the Department ?

MR. K. GEORGE (*Chief Secretary to Government*) : As he was in the Medical Board, certainly, he would have acquired an intimate knowledge of the working of the Department.

MR. S. J. NAIR (*Nedumangad*) : What was the objection in appointing an experienced officer of the Department as full-time Inspecting Medical Officer?

MR. K. GEORGE (*Chief Secretary to Government*) : In the opinion of Government, the present arrangement was considered to be the best under the circumstances.

MR. S. J. NAIR (*Nedumangad*) : Was it due to the gentleman's expert knowledge in inspection work or due to any other special reason?

MR. K. GEORGE (*Chief Secretary to Government*) : I have already explained, Sir, that, as a member of the Board, he had acquired an intimate knowledge of the working of the Department as a whole.

MR. A. THANU PILLAI (*Trivandrum-Rural*) : May I know whether.....

PRESIDENT : Mr. Nair is still standing.

MR. S. J. NAIR (*Nedumangad*) : May I know whether the present Inspecting Medical Officer has not heavy work to do in the hospital in his charge ?

MR. K. GEORGE (*Chief Secretary to Government*) : I have no information as to whether his work in the hospital in his charge is heavy or light. I know that he devotes a lot of time for the inspection of the hospitals in the State. He must have made proper arrangements for his own hospital.

MR. S. J. NAIR (*Nedumangad*) : Is he not the head of a particular Mission in this State?

MR. K. GEORGE (*Chief Secretary to Government*) : No.

MR. S. J. NAIR (*Nedumangad*) : The Salvation Army ?

MR. K. GEORGE (*Chief Secretary to Government*) : He is in charge of a Salvation Army Hospital ; that is all.

MR. S. J. NAIR (*Nedumangad*) : Is he not the head of all the Salvation Army hospitals in the State ?

MR. K. GEORGE (*Chief Secretary to Government*) : I have no information.

MR. M. SIVATANU PILLAI (*Tovala*) : May I know whether the present Ag. Durbar Physician was not once doing this inspection work also for some time ?

MR. K. GEORGE (*Chief Secretary to Government*) : Yes.

MR. M. SIVATANU PILLAI (*Tovala*) ; For how long, please ?

MR. K. GEORGE (*Chief Secretary to Government*) : For about fifteen months.

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MR. M. SIVATANU PILLAI (*Tovala*): Therefore, may I know why the Government do not seem to consider the question of confirming the present Ag. Durbar Physician in the place, so that she can do the inspecting work also as she was doing once before when she was acting as Durbar Physician?

MR. K. GEORGE (*Chief Secretary to Government*): I am sorry I am not in a position to answer that question now. Government are considering the question of appointing a new Durbar Physician.

MR. M. SIVATANU PILLAI (*Tovala*): Am I to understand that the inspection work was not done efficiently when the present Ag. Durbar Physician was in charge of that work also, some time ago as Ag. Durbar Physician?

MR. K. GEORGE (*Chief Secretary to Government*): That was years ago; the member will recollect that there was a Board after that.

MR. M. SIVATANU PILLAI (*Tovala*): Was it found then that the inspection work done was not sufficient?

MR. K. GEORGE (*Chief Secretary to Government*): I cannot say that.

MR. K. KUNJUKRISHNA PILLAI (*Quilon I*): May I know whether, as a result of the constitution of the Board, there was any improvement in the inspection work after the constitution of the Board?

MR. K. GEORGE (*Chief Secretary to Government*): Of course, as there was one officer for inspection work alone.

MR. K. KUNJUKRISHNA PILLAI (*Quilon I*): May I know then why the Board was abolished?

MR. K. GEORGE (*Chief Secretary to Government*): The Board was only an experiment; the Legislative Council was against it.

MR. K. KUNJUKRISHNA PILLAI (*Quilon I*): Were not the Government convinced that the old arrangement of a single Durbar Physician at the head of the Department was better than the Board or any other similar arrangement?

MR. K. GEORGE (*Chief Secretary to Government*): That was why the Durbar Physicianship came back.

MR. K. KUNJUKRISHNA PILLAI (*Quilon I*): Then, why should there be any separate Inspecting Medical Officer now?

MR. K. GEORGE (*Chief Secretary to Government*): I will explain. The Durbar Physician who was appointed was also put in charge of the General Hospital. He naturally required help in his work of administration of the Department.

MR. K. KUNJUKRISHNA PILLAI (*Quilon I*): May I know whether the present arrangement will continue even after the Government make a permanent arrangement in regard to the Durbar Physician's post?

MR. K. GEORGE (*Chief Secretary to Government*): I am sorry I am not in a position just now to state what the permanent arrangement is going to be.

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): Was the non-official member in the Board once the head of a Mission institution?

MR. K. GEORGE (*Chief Secretary to Government*): Yes.

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MR. T. P. VELAYUDHAN PILLAI (*Tiruvalla III*): ഇൻസ്പക്ടിംഗ് മെഡിക്കൽ ആഫീസർ ഇൻസ്പെക്ഷൻ നടത്തുന്ന സ്ഥലങ്ങളിൽ അദ്ദേഹത്തെക്കാൾ കൂടുതൽ കപ്പാളിഫിക്കേഷൻ ഉള്ളവർ ഉണ്ടായിരിക്കുകയില്ലേ?

MR. K. GEORGE (*Chief Secretary to Government*): It is quite possible, whoever be the Durbar physician.

MR. T. P. VELAYUDHAN PILLAI (*Tiruvalla III*): ഇൻസ്പെക്ടിംഗ് മെഡിക്കലാഫീസറെ സംബന്ധിച്ചുമാത്രമാണ് ഞാൻ ചോദിക്കുന്നത്.

MR. K. GEORGE (*Chief Secretary to Government*): I have not made any enquiries as to that.

MR. T. P. VELAYUDHAN PILLAI (*Tiruvalla III*): ഇൻസ്പെക്ടിംഗ് മെഡിക്കൽആഫീസരെക്കാൾ കൂടുതൽ പരീക്ഷായോഗ്യതയുള്ളവർ ഇവിടെ ഇല്ലേ?

MR. K. GEORGE (*Chief Secretary to Government*): There may be.

MR. T. P. VELAYUDHAN PILLAI (*Tiruvalla III*): ഇൻസ്പെക്ടിംഗ് മെഡിക്കൽആഫീസരുടെ കപ്പാളിഫിക്കേഷൻ എന്താണ്?

MR. K. GEORGE (*Chief Secretary to Government*): He is an M. D. of the Emery University in America.

MR. T. P. VELAYUDHAN PILLAI (*Tiruvalla III*): അദ്ദേഹത്തിനെക്കാൾ കൂടുതൽ പരീക്ഷായോഗ്യതയുള്ള ഡാക്ടർമാർ ഈ സംസ്ഥാനത്തിന്റെ മറ്റുസ്ഥലങ്ങളിൽ അസിസ്റ്റന്റന്മാരായിരിക്കുന്നുണ്ടോ?

MR. K. GEORGE (*Chief Secretary to Government*): I said I have not made enquiries in regard to that.

MR. K. KUNJUKRISHNA PILLAI (*Quilon I*): Is he qualified in allopathy?

PERESIDENT: Mr. T. P. Velayudhan Pillai is still standing.

MR. T. P. VELAYUDHAN PILLAI (*Tiruvalla III*): ഒരു എഫിഷ്യന്റ് ഡാക്ടർ ജനറൽ ആസ്പത്രിയിൽ ഉണ്ടായിരിക്കണം എന്നുള്ള തത്വം അനുസരിച്ചാണോ ഇപ്പോൾ ആ ആളെ അവിടെ നിയമിച്ചിട്ടുള്ളത്?

MR. K. GEORGE (*Chief Secretary to Government*): These arrangements are temporary.

MR. T. P. VELAYUDHAN PILLAI (*Tiruvalla III*): ഒരു എഫിഷ്യന്റ് ഡാക്ടർ ഈ പ്രധാന ആസ്പത്രിയിൽ ഉണ്ടായിരിക്കണമെന്നുള്ള തത്വത്തെ ആലോചിച്ചതിനു ശേഷമാണോ ഇപ്പോഴത്തെ ആളിനെ അവിടെ ചാർജിൽ ഇട്ടിട്ടുള്ളത്?

MR. K. GEORGE (*Chief Secretary to Government*): That is a temporary arrangement.

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MR. T. P. VELAYUDHAN PILLAI (*Tiruvalla III*) : റെന്പറി അപ്പോ ഇന്റ്മെൻറ് ഉണ്ടാക്കിയത് ഈ തത്വത്തെപ്പറ്റി ശരിയായി ആലോചിച്ചതിനു ശേഷമാണോ?

MR. K. GEORGE (*Chief Secretary to Government*) : As I said, it was a temporary arrangement. It cannot be said whether it was a case of a particular officer. The question does not arise.

MR. T. P. VELAYUDHAN PILLAI (*Tiruvalla III*) റെമ്പറി അപ്പോ ഇന്റ്മെൻറ് നടത്തിയത് ഈ കപ്പാസ്റ്റ്യൻക്കുടി ആലോചിച്ചിട്ടാണോ?

MR. K. GEORGE (*Chief Secretary to Government*) : Only efficient men will be put in charge of big hospitals.

MR. M. SIVATANU PILLAI (*Tovala*) : May I know whether the qualification referred to is recognised by the Medical Council in Great Britain.

MR. K. GEORGE (*Chief Secretary to Government*) : It is an American qualification.

MR. M. SIVATANU PILLAI (*Tovala*) : I only want to know whether it is recognised in England.

MR. K. GEORGE (*Chief Secretary to Government*) : I have no information.

MR. M. SIVATANU PILLAI (*Tovala*) : Will the member kindly ascertain that from the Ag Durbar Physician ?

MR. N. K. KRISHNA PILLAI (*Neyyattinkara I*) : Is it a fact that the present Inspecting Medical Officer acquired his qualification referred to only after he was appointed here ?

MR. K. GEORGE (*Chief Secretary to Government*) : I have no information as to when he got that qualification.

One other criticism that was made was that the proposal to place the Public Health Department also under the control of the Durbar Physician was objectionable. There appears to be some misunderstanding on the point. There is no proposal to amalgamate the Public Health and the Medical Departments. The Durbar Physician is to be given only a nominal control over the Public Health Department. Mr. P. K. Narayana Pillai said that that arrangement was obsolete. As a matter of fact, now, opinion seems to veer round the other way again. The Committee of the League of Nations on Rural Hygiene has, I understand, recently recommended that there should be correlation of the Medical and the Public Health Departments. Similarly, in Bombay also, recently, a similar recommendation has been made ; and, in the Central Provinces, this is the arrangement. There was a time when it was considered that the two departments must be separate. Now, advanced medical opinion appears to be in favour of.....

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*) : Is the recent opinion in favour of a combination of these two departments ?

MR. K. GEORGE (*Chief Secretary to Government*) : Not exactly a combination, but a correlation, so that the two Departments will work

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hand in hand. It will be of great help to the Public Health Department if the officers of the Medical Department cooperate with them. That is the idea. There is no idea to place the Public Health Department entirely under the absolute control of the Durbar Physician.

MR. T. P. VELAYUDHAN PILLAI (*Tiruvalla III*): നാമിനൽ കൺട്രോളിൽ ഈ സിസ്റ്റം നടപ്പാക്കണം എന്നുദ്ദേശിക്കുന്നതിനു മുമ്പ് ഡർബാർ ഫിസിഷ്യന് ഏതെങ്കിലും വിധത്തിലുള്ള കൺട്രോൾ പബ്ലിക്ക് ഹെൽത്ത് ഡിപ്പാർട്ടുമെൻറിൽ ഉണ്ടായിരുന്നുവോ?

MR. K. GEORGE (*Chief Secretary to Government*): ഇല്ലായിരുന്നു.

The Durbar Physician will not interfere in the internal administration of the Public Health Department.

MR. P. CHIDAMBARAM PILLAI (*Commerce and Industry, South*): Has anybody studied the system in the Central Provinces or the recommendation of the Committee of the League of Nations?

MR. K. GEORGE (*Chief Secretary to Government*): I have got information about that.

MR. P. CHIDAMBARAM PILLAI (*Commerce and Industry, South*): Did the Government ask for the information?

MR. K. GEORGE (*Chief Secretary to Government*): The information is based on the report given by the Honorary Adviser in Public Health. He himself is an authority on the subject; and he also seems to think that the arrangement will be satisfactory.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*): Is it the system in the British Isles?

PRESIDENT: It does not arise.

MR. A. THANU PILLAI (*Trivandrum-Rural*): Will this arrangement substantially add to the duties of the Durbar Physician?

MR. K. GEORGE (*Chief Secretary to Government*): No.

MR. KAINIKKARA M. PADMANABHA PILLAI (*Changanachery I*): What will be the nature of the control that the Durbar Physician will have on the Public Health Department?

MR. K. GEORGE (*Chief Secretary to Government*): He may be in a position to call for information or report as to the condition of public health in the State, about the breaking out of epidemics, etc. This will enable him to arrange for the required number of medical officers being posted for special duty, if necessary, when epidemics break out.

MR. M. N. NAIR (*Kottayam I*): Has the present Darbar Physician any Public Health qualification?

MR. K. GEORGE (*Chief Secretary to Government*): No.

MR. M. N. NAIR (*Kottayam I*): Is it likely that the permanent Darbar Physician will have Public Health qualification?

MR. K. GEORGE (*Chief Secretary to Government*): It may not be necessary to have Public Health qualification for the sort of control that he has to exercise because it is not going to be an interference in the internal working or the regular administration of the Public Health Department.

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MR. M. N. NAIR (*Kottayam I*): Will an officer who has no qualification in a special department be interested in the working of that department?

MR. K. GEORGE (*Chief Secretary to Government*): In fact the interest of the Medical Department will also be advanced by co-operating with the Public Health Department because both departments seek to alleviate human misery and disease.

MR. M. N. NAIR (*Kottayam I*): Is it necessary for an officer to co-operate with a sister department to have at least nominal control over that department?

MR. K. GEORGE (*Chief Secretary to Government*): Yes, it would be very desirable because there should not be any overlapping of functions.

MR. K. R. ELENKATH (*Kalkulam I*): May I know from the member whether as a result of this correlation Government would be able to save anything?

MR. K. GEORGE (*Chief Secretary to Government*): It is not on the question of saving that this arrangement was decided upon. It is for a proper functioning of both departments.

MR. K. R. ELENKATH (*Kalkulam I*): May I know from the member whether any saving could be effected thereby?

MR. K. GEORGE (*Chief Secretary to Government*): At present it is proposed to appoint only a Deputy Director of Public Health with an honorarium.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*): Under the proposed arrangement, with whom will the power of appointments rest?

MR. K. GEORGE (*Chief Secretary to Government*): All these details have not been worked out. When the final arrangements are made, the details also will be settled.

MR. P. CHIDAMBARAM PILLAI (*Commerce and Industry, South*): Has the system been taken up in any place other than the Central Provinces?

MR. K. GEORGE (*Chief Secretary to Government*): It is taken up there. It is the opinion of a special body in Bombay that it is desirable to adopt such a system in Bombay also.

MR. K. GEORGE (*Chief Secretary to Government*): These are the only two points on which I wished to speak.

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician; Member, Sri Chitra Stat Council.*): Sir, I have listened to 13 members on the cut motion moved by Mr. T. K. Alexander. Their chief complaint against the Medical Department seems to be its indifference in considering local needs. Mr. Alexander brought forward the case of the dispensary at Edapalli. Representations were received, Sir, from the people as early as 1927 praying for the opening of a dispensary at Edapalli; soon after the place was inspected and the Medical Board recommended the opening of a dispensary. About that time the question of the establishment of rural dispensaries in the State came up before Government, and it was ordered that the question of the Edapalli Dispensary might

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be considered when that scheme was worked out. Accordingly, Edapalli was included in that scheme. But owing to unfavourable economic conditions, this scheme had to be dropped and Edapalli had to go without a dispensary. I can only assure the member that I shall do what is practicable to meet the various local needs. But I realise, Sir, the difficulty of Government in starting rural dispensaries in the State. The scheme of rural dispensaries in British India is not what the members of this House have been speaking about. By rural dispensaries are meant dispensaries subsidised by Government for helping people in rural areas. The Madras Government in 1924 brought out a scheme for the opening of rural dispensaries. The idea was to subsidise qualified men—Assistant Surgeons and Sub-Assistant Surgeons—and encourage them to settle down in parts where medical aid was needed badly. It is very easy, Sir, to start a dispensary. The people may give buildings and furniture because they are interested in starting a particular dispensary. But I hope the members realise that Government have to continue such dispensaries. The recurring expenses for Government dispensaries under Sub-Assistant Surgeons come to about Rs. 3,000 a year including staff, medicines and equipment.

MR. A. S. DAMODARAN ASAN (*Mavelikara*): May I know whether, there is any dispensary in the State where no patient was treated in 1106 and 1107?

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*): I shall answer that later. I was saying Sir, that the recurring expenses of a dispensary come to about Rs. 3,000.

MR. A. S. DAMODARAN ASAN (*Mavelikara*): Is the member aware of any dispensary in which no patient was treated in 1106 and 1107?

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*): I cannot answer that question now. But if the member would give me the name of such a dispensary, I shall be able to explain it.

MR. A. S. DAMODARAN ASAN (*Mavelikara*): There is the Sri Padam Dispensary in which no patient was treated in 1106 or 1107.

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*): Sir, that is a special dispensary connected with the Palace.

MR. A. S. DAMODARAN ASAN (*Mavelikara*): May I know, when there is no patient to be treated for two years, why a dispensary should be maintained?

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*): I have already explained Sir, that this is a special dispensary connected with the Palace. Patients are treated in this Dispensary.

MR. A. S. DAMODARAN ASAN (*Mavelikara*): May I know why the Darbar Physician does not call for the records?

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*): The Dispensary is meant for members of the Royal Family. Records are kept, but they are not available to the public.

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MR. A. S. DAMODARAN ASAN (*Mavelikara*): Then why should the grant for the establishment be brought under the Medical Department and the expenditure for that dispensary incurred under that head?

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*): That is because the Medical Officer in charge and the staff come under the Medical Department.

MR. A. S. DAMODARAN ASAN (*Mavelikara*): Has the Darbar Physician no control over that Dispensary.

MRS. M. POONEN LUKOSE (*Ag. Durbar Physician*): Yes. The Darbar Physician has administrative control over this Dispensary.

Then with regard to the Vamanapuram Dispensary, Sir, it was opened recently, and Mr. S. J. Nair will remember that he was one of the persons interested and instrumental in the opening of that dispensary. But, he must have known, even at the commencement, that the building was not a suitable one. He insisted on the dispensary being opened there. After it was opened, he wrote to the department, or rather, the secretary of the building committee wrote to the Darbar Physician that he would get the people to raise funds to improve the building in which the dispensary is now held. But on account of economic depression the people are not able to do anything at present. I know, Sir, that the dispensary building is not in a very fit condition, particularly after the recent rains. I have already asked the P. W. authorities to attend to certain repairs.

MR. S. J. NAIR (*Nedumangad*): May I know from the member whether the furniture for the dispensary at Vamanapuram has not been provided by the public of the locality?

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*): Yes; some of the furniture has been provided by the people, but not all the furniture that is required. I think the member himself knows that the furniture is anything but satisfactory at present.

MR. S. J. NAIR (*Nedumangad*): May I know whether the Ag. Darbar Physician is aware that the dispensary has not got sufficient accommodation now?

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*): Yes, I know that, Sir. But it is not possible immediately to attend to all the requirements as funds are not available, but I have asked the P. W. authorities to do what they can to improve the building and I think something will be done in this direction.

MR. S. J. NAIR (*Nedumangad*): May I know from the member whether that dispensary is progressing?

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*): Progressing in what way?

MR. S. J. NAIR (*Nedumangad*): The increase in the number of patients day after day?

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*): Yes, there has been an increase in their number recently.

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MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*) : Will the member discontinue that dispensary ?

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*) : There is no idea of closing the Dispensary. The people of the locality seem to appreciate having a dispensary there and they are resorting to it in spite of the lack of facilities of the building.

I would like also to reply, Sir, to the point raised by Mr. S. Krishna Pillai with regard to the awarding of stipends to Medical students.

MR. S. J. NAIR (*Nedumangad*): May I know from the member whether there is a dispensary at.....

PRESIDENT : That subject is finished now, Mr. Nair.

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*) : I have with me details regarding Medical stipends granted for 13 years from 1920 to 1933 and during that period I find that 5 scholarships were given for study in the Medical School, Vellore, for L. M. P. students. These were all lady students. Of these five scholarships, three were given to Hindus, and two to Christians. Then again during the ten years, of 1922-1932, five scholarships for the study of medicine in the Madras Medical College were granted, of which two were given to Hindus and three to Christians. I do not therefore think, Sir, that there is any partiality, shown by the Department in this matter.

MR. K. SANKARAN (*Kartikapalli I*) : May I know the communities to which the three Hindus who were given scholarships belonged ?

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*) : One was a Nair, one was an Ezhava and the third was a barber.

So that, I think, Sir, the House ought to be satisfied that in the awarding of scholarships the claims of the different communities have been kept in mind.

With regard to the matter of equipment of medical institutions I admit, Sir, that our district hospitals and dispensaries are not what they ought to be. The member will realise that some of these hospitals were opened as far as fifty and sixty years ago when the science of medicine had not advanced so much. The buildings are therefore out of date and unsuitable for present day work. Equipment also is poor. Improvements can be made only if funds are provided. I have noticed these defects in the institutions I inspected lately. I have represented the matter to Government and I shall do what is in my power to remedy the defects. But it cannot be sanctioned all at once.

With regard to the expenditure of money on medicines and medical aid generally, I would like to impress on the members, Sir, that too much cannot be expected from Government. We all want dispensaries and hospitals to be opened at Government cost. Government are now maintaining 32 hospitals, 41 dispensaries, grant-in-aid institutions and other Medical Institutions making a total of about 104. There are also about 125 grant-in-aid *Vaidyasalas*. We would each like, to have a

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[Mrs. M. Poonen Lukose.]

dispensary at our door. Government have so many other responsibilities also to the people; we cannot therefore expect Government to shoulder the whole burden. I feel, Sir, that the people also ought to help Government in the matter in the giving of sites and buildings and furniture for new dispensaries.

With regard to the Shertala Hospital, a member said that there was only one midwife, and there is no nurse. Trained nurses were available for some of the Hospitals only this year, and one trained nurse was posted to Shertala early this year. This hospital, like all other district hospitals, has its defects. I admit this, Sir, certain improvements have been recommended, and I hope it will be possible for the P. W. D. authorities to carry out the work without much delay.

MR. A. THANU PILLAI (*Trivandrum—Rural*): May I know, Sir, whether the rule as to time-limit does not apply to official members as it does to non-official members?

PRESIDENT: But the time can be extended at the discretion of the President.

MR. EDAVANATT S. PADMANABHA MENON (*Shertala I*): May I know whether the member is aware that there was recently an outbreak of smallpox in my place?

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*): Not only in the Member's place Sir, there were outbreaks of small-pox in other places also.

MR. EDAVANATT S. PADMANABHA MENON (*Shertala I*): Have the Department taken prompt action?

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*): Does the member mean with regard to small-pox?

MR. EDAVANATT S. PADMANABHA MEMON (*Shertala I*): Yes.

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*): It is the Sanitary Department that attends to this. I am sure that Department will have done what was necessary.

Then with regard to the special difficulties that Shertala is labouring under, I feel, Sir, that Government have shown the Shertala people great consideration in the matter of medical aid. For instance, to combat leprosy, a leprosy survey was first made and then a special officer was posted at Shertala for treating cases of leprosy. For hook-worm there has been the hookworm survey and treatment was carried out there two years ago and another course of treatment is going to be started again this year. There has now been a filarial survey of the place and measures will be taken by the Health Department to improve the condition. So that, I think, Sir, the member will be satisfied that the Department is trying to do its best for Shertala.

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): Is it the intention of the member to give preference to areas which are medically backward?

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MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*): I do not understand, Sir, what is meant by " medically backward".

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): Areas where there is not adequate provision for medicine now.

MRS. M. POONEN LUKOSE (*Ag. Darbar Physician*): The Department had in mind a scheme for opening new dispensaries in such places, but for want of funds it had to give up that idea.

I have nothing more to add, Sir.

PRESIDENT: A member moved that the question be now put.

The closure motion was carried.

MR. T. K. ALEXANDER (*Kunnatnad I*): It seems that no assurance is given to me that adequate rural dispensaries wherever necessary will be opened. So, I press the motion to a division.

PRESIDENT: I should point out that there has been no discussion on any particular issue. Therefore no particular issue arises and a vote is meaningless. As Mr. Alexander presses, it has to be put to the vote of the House.

MR. M. SIVATANU PILLAI (*Tovala*): But the issue may be put to the vote.

The motion was put to the vote of the House and carried.

Motions 153 to 157

The following motions being identical were not moved.

MR. P. K. NARAYANA PILLAI:
153 " To reduce the allotment of Rs. 6,012 for establishment by Rs. 10".

MR. K. SANKARAN:
154 " To reduce the allotment of Rs. 16,012 for establishment by Rs. 100".

MR. K. SANKARAN:
155 " To reduce the allotment of Rs. 6,012 for establishment by Rs. 100".

MR. P. K. NARAYANA PILLAI:
156 " To omit the allotment of Rs. 540 Temporary Clerks

MR. A. S. DAMODARAN ASAN:
157 " To reduce the allotment of Rs. 9,288 for establishment by Re. 1

Motion 158

The following motion was ruled as irrelevant.

MR. PUTHUPALLI S. KRISHNA PILLAI:
158 " To reduce the allotment of Rs. 4,000 for travelling allowance by Re. 1".

Motions 159 to 161

The following motions were not moved.

MR. K. M. KURIAKOSE:
159 " To reduce the allotment of Rs. 4,000 for travelling allowance by Rs. 1,

MR. EDAVANATT S. PADMANABHA MENON:
160 To reduce the allotment of Rs. 4,000 for travelling allowance by Re. 1

MR. T. K. ALEXANDER:
161 To reduce the allotment of Rs 14,702 for Superintendence by Re. 1

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Motion 162.

MR. A. S. DAMODARAN ASAN (*Mavelikara*) : Sir, I move to reduce the allotment of Rs. 14,702 for superintendence by Re. 1.

My object in making this motion is to give the House an opportunity to vote upon the question whether the post of Deputy Durbar Physicianship is necessary or not. All the arguments in support of this motion have been advanced under the previous motion. I move the motion for the consideration of the House.

MR. T. P. VELAYUDHAN PILLAI (*Tiruvalla III*) : I support the motion.

MR. K. KUNJUKRISHNA PILLAI (*Quilon I*) : I support the motion.

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*) : I beg to move that the question may now be put.

MR. K. GEORGE (*Chief Secretary to Government*) : Sir, I was at pains to explain to the House why the arrangement was necessary.

MR. A. THANU PILLAI (*Trivandrum-Rural*) : Sir, has the Chief Secretary anything new to say ?

MR. K. GEORGE (*Chief Secretary to Government*) : Wait and see. As stated in the budget foot note, the arrangement is temporary. The permanent arrangements to be made will depend on circumstances. The arrangement has been in existence for some time and there has been nothing to show that it does not work.

MR. T. P. VELAYUDHAN PILLAI (*Tiruvalla III*) : ഏതെങ്കിലും റെമ്പററി അറേഞ്ച്മെൻറ് സ്ഥിരമാകാതെ ഇരുന്നിട്ടുണ്ടോ ?

MR. K. GEORGE (*Chief Secretary to Government*) : There have been many temporary arrangements which have ceased to exist. Similarly this is also a temporary arrangement. From the foot-note in the budget it is clear that it is only temporary. When the permanent arrangement comes, we shall consider the question of the abolition of these posts if they are found to be unnecessary.

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*) : How long will it be temporay ?

MR. K. GEORGE (*Chief Secretary to Government*) : Government are considering the question of a permanent Durbar Physician. So we cannot now definitely say what will be the arrangement that will come on in future.

MR. A. S. DAMODARAN ASAN (*Mavelikara*) : Sir, I have nothing more to add. I press the motion to a division.

PRESIDENT : As the pay of these two officers, is non-votable, this issue cannot be put. If the House votes on this motion, the vote will not be a vote on this particular issue. It is possible to discuss the policy, but it is not possible for the House to divide on the issue whether these two non-votable officers are necessary or not. You can press your motion to a division, but the result will not be that this issue will be put.

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MR. A. S. DAMODARAN ASAN (*Mavelikara*) : Cannot we question the policy of the Government by this cut motion ?

PRESIDENT ; Not on the question of non- votable offices.

MR. A. S. DAMODARAN ASAN (*Mavelikara*) : That has been the precedent here as well as elsewhere.

MR. K. KUNJUKRISHNA PILLAI (*Quilon I*) : Can it not be taken as censure on the Department.

PRESIDENT : Yes. Any token cut is a censure on the policy of the Department.

Do you press this to vote, Mr. Asan ?

MR. A. S. DAMODARAN ASAN (*Mavelikara*) . Yes, Sir.

The motion was put and carried, 32 voting for, 24 against and 9 remaining neutral.

MR. K. KUNJUKRISHNA PILLAI (*Quilon I*) : I demand a poll.

A poll was taken and the House divided as follows

AYES—32.

1	Mr.	T. K. Alexander	16	Mr.	K. Mahomed
2	,,	P. Chidambaram Pillai	17	,,	M. N. Nair
3	,,	A. S. Damodaran Asan	18	,,	K. A. Narayana Pillai
4	,,	A. Eswara Pillai (Kalkulam II)	19	,,	Pacode A. Narayana Pillai
			20	,,	P. K. Narayana Pillai
5	,,	A. Eswara Pillai (Kottarakara)	21	,,	K. Padmanabhan
			22	,,	Edavanatt S. Padmanabha Menon
6	,,	K. R. Elenkath			
7	,,	S. J. Nair	23	,,	Kainikkara M.Padmanabha Pillai
8	,,	T. S. Jayantan Nambootiri	24	,,	Changanachery K. Parameswaran Pillai
9	,,	K. P. Krishna Menon			
10	,,	Pottayil S. Krishna Panicker	25	,,	V. Ramakrishna Panicker
			26	,,	R. Sambasiva Aiyar
11	,,	E. V. Krishna Pillai	27	,,	R. Sivasubramanya Nadar
12	,,	N. K. Krishna Pillai	28	,,	M. Sivatanu Pillai
13	,,	Puthupalli S. Krishna Pillai	29	,,	A. Thanu Pillai
			30	,,	N. E. Varughese
14	,,	K. Kunjukrishna Pillai	31	,,	V. K. Velappan Nair
15	,,	M. K. Madhavan Pillai	32	,,	T. P. Velayudhan Pillai

NOES—24.

1	Mr.	N. Abdur Rahiman Sahib	13	Mr.	C. V. Kunjuraman
2	,,	K. C. Abraham	14	,,	E. K. Kunjuraman
3	,,	C. V. Chandrasekharan	15	,,	C. O. Madhavan
4	,,	Antony George	16	,,	K. Madhavan
5	,,	K. George	17	,,	B. Narayana Pillai
6	,,	M. Mahomed Haneef	18	,,	G. Nilakantan
7	,,	L. H. Jacob	19	,,	R. Nilakanta Pillai
8	,,	M. K. Janardana Kamath	20	,,	N. K. Padmanabha Pillai
9	,,	N. John Joseph	21	,,	Kayalam Parmesvaran Pillai
10	,,	J. M. Joseph			
11	,,	T. K. Kesavan Sastri	22	,,	K. Sankaran
12	Rao Sahib	Dr. N. Kunjan Pillai	23	,,	T. C. Thommen
			24	,,	John Whiteley Tolson

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NEUTRAL—9.

1 Mr. V. T. Chacko	6 Mr. K. M. Kuriakose
2 ,, S. Chattanatha Karayalar	7 ,, R. Raman Pillai
3 ,, J. M. Joseph	8 ,, T. P. Ramasubba Aiyar
4 ,, K. C. Karunakaran	9 ,, P. K. Thomas
5 ,, K. M. Krishnan	

Motions 163 to 169.

The following motions being identical were not moved :—

MR. K. MAHOMED:

163. To reduce the allotment of Rs. 14,702 for Superintendence by Re. 1

MR. PUTHUPALLI S. KRISHNA PILLAI :

134. To reduce the allotment of Rs. 14,702 for Superintendence by Re. 1

MR. M. N. NAIR :

165. To reduce the allotment of Rs. 14,702 for Superintendence by Re. 1

MR. N. J. JOHN JOSEPH :

166. To reduce the allotment of Rs. 14,702 for Superintendence by Rs. 2

MR. T. T. KESAVAN SASTRI :

167. To reduce the allotment of Rs. 14,702 for Superintendence by Rs. 2

MR A. THANU PILLAI :

168. To reduce the allotment of Rs. 14,702 for Superintendence by Rs. 10

MR. T. P. VELAYUDHAN PILLAI :

169. To reduce the allotment of Rs. 14 702 for Superintendence by Rs. 10

Motions 170 to 178.

The following motions were not moved : —

MR. PUTHUPALLI S. KRISHNA PILLAI :

170. To reduce the allotment of Rs. 55,200 for Deputy Surgeon by Re. 1

MR. P. K. NARAYANA PILLAI :

171. To reduce the allotment of Rs. 83,400 for Assistant Surgeons by Rs. 100

MR. K. C. KARUNAKARAN:

172. To reduce the allotment of Rs. 2,24,812 for salaries by Rs. 10

MR. T. K. ALEXANDAR :

173. To reduce the allotment of Rs. 8,08,892 for Hospitals and Dispensaries by Re. 1

MR. K. P. KRISHNA MENON :

174. To reduce the allotment of Rs. 8,08,892 for Hospitals and Dispensaries by Re. 1

MR. K. M. KURIAKOSE :

175. To reduce the allotment of Rs. 8,08,892 for Hospitals and Dispensaries by Re. 1

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MR. K. MAHOMED :

176. To reduce the allotment of Rs. 8,08,892 for Hospitals and Dispensaries by Re. 1

MR. K. A. NARAYANA PILLAI :

177. To reduce the allotment of Rs. 8,08,892 for Hospitals and Dispensaries by Re. 1

MR. R. SAMBASIVA IYER :

178. To reduce the allotment of Rs. 8,08,892 for Hospitals and Dispensaries by Rs. 2

Motion 179.

MR. K. PADMANABHAN (*Chirayinkil I*) : Sir, I beg to move the following motion :—

"*To reduce the allotment of Rs. 3,08,892 for Hospitals and Dispensaries by Rs. 10.*"

The object of my motion is to discuss the question of appointing Assistant Surgeons and Sub-Assistant Surgeons from communities which are not adequately represented. Sir, the question of communal representation in the matter of giving appointments is rather, at least to a certain section of the population, a controversial one. I know on previous occasions when the same question was agitated in the Legislative Council a lot of opposition arose.

Sir, on principle I do admit that communal representation for recruitment to the public service may not be quite right. With regard to that principle, I am at one with the learned members of this House who hold that communal representation in public service cannot be accepted as an ordinary principle. But when it comes to a question of practical realities, those communities which do not get proper representation in the various services of the State cannot but grumble.

MR. CHANGANACHERY K. PARAMESVARAN PILLAI (*Kunnattur cum Pattanapuram*) : May I know whether the whole question is not under examination by a properly constituted committee ?

MR. K. PADMANABHAN (*Chirayinkil I*) : I am aware it is under examination by a committee. The complaint usually urged against these committees has to be made against this committee also, namely, that it will take a long time to report and a longer time for the Government to accept.

I may be permitted to place a few facts before the House in connection with this matter. Sir, in this department, in the disbursement of salaries about Rs. 2,03,592 is annually expended. Of this amount the Christian community gets about a lakh of rupees. The Nairs get Rs. 37,812, the Ezhavas get Rs, 12,300 ; and the Muslims get zero. If it is distributed according to the strength of the population, the Christians are entitled to get 32 per cent ; but they carry 60 per cent ; the Nairs are entitled to only 16 per cent; while they get 30 per cent ; the Ezhavas are entitled to 17 per cent.; but they get only 6 per cent.

MR. M. N. NAIR (*Kottayam I*) : What about the other classes ?

MR. K. PADMANABHAN (*Chirayinkil I*) : I have not got figures for others.

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MR. M. N. NAIR (*Kottayam I*) : Depressed classes?

MR. K. PADMANABHAN (*Chirayinkil I*): I have not got figures.

MR. N. E. VARUGHESE (*Tiruvalla I*): കുന്ന ്ചാനികൾക്ക റവന്യൂ ഡി പ്പാർട്ടുമെൻറിലുള്ള പെർസൻറേജ് എത്രയെന്നറിയാമോ ?

MR. K. PADMANABHAN (*Chirayinkil I*): We are discussing the Medical Department.

MR. CHANGANACHERY K. PARAMESVARAN PILLAI (*Kunnattur* cum *Pattanapuram*): Are there any qualified unemployed men among Ezhavas?

MR. K. PADMANABHAN (*Chirayinkil I*): Certainly, there are. One Assistant Surgeon from the Ezhava community was recruited in 1100. After that, candidates from that community were putting applications before the Government for recruitment.

MR. A. THANU PILLAI (*Trivandrum—Rural*): Can the member tell the House, how many qualified unemployed men there are in other communities?

MR. K. PADMANABHAN (*Chirayinkil I*): About other communities I have no information. From the Ezhava community at present, there are only two persons who are eligible for the post of Assistant Surgeons.

MR. CHANGANACHERY K. PARAMESVARAN PILLAI (*Kunnattur* cum *Pattanapuram*): If these two persons are given jobs, does the member think that the proportion of Ezhava doctors will work satisfactorily?

MR. K. PADMANABHAN (*Chirayinkil I*): From the figures the member will understand that it will not.

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): May I ask the member whether it is proper to press communal claims in the medical profession which requires professional skill and art?

MR. K. PADMANABHAN (*Chirayinkil I*): I have to answer this question by putting a counter-question. Does the member mean to say that there are not equally efficient members in the Ezhava community also with the same professional skill and art as in other communities? Is it a monopoly for the member's community alone to possess the necessary skill?

PRESIDENT: Personal questions are disallowed.

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): Anyhow a question is not answered by putting a counter question.

MR. K. PADMANABHAN (*Chirayinkil I*): The answer can be inferred.

In 1103, a certain person from the Ezhava community was recruited to the Medical department. After that, there have been repeated applications for posts from that community. There are only 2 persons now available in the community. They are qualified men. After 1100, about 17 appointments were made in the cadre of Assistant Surgeons. Not a single one Government was able to take from the Ezhava community. I request that the learned members on this side of the House

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will consider this aspect with a certain amount of sympathy and see that this radical injustice done to the Ezhava community is rectified at the earliest opportunity.

MR. N. ABDUR RAHIMAN SAHIB (*Nominated*) : I support the principle involved in the motion of Mr. Padmanabhan; and in doing so, I wish to say a few words. The question of communal representation was up in the air for a very long time and as a result of repeated agitation a committee was appointed to go into the question at great length. I believe the report of the committee is almost ready for submission to Government.

MR. A. S. DAMODARAN ASAN (*Mavelikara*) : Has not the time allotted for the demand expired, Sir ?

PRESIDENT : There is time up to 4-55. Only a minute more.

MR. N. ABDUR RAHIMAN SAHIB (*Nominated*) : For the more educationally backward communities like the Ezhava and the Muslim, unless the principle of communal representation is accepted and acted upon, I am sure there will be no salvation for them.

MR. A. THANU PILLAI (*Trivandrum—Rural*) : Is there any qualified Mussalman waiting for a job?

MR. N. ABDUR RAHIMAN SAHIB (*Nominated*) : That is what I am going to say.

There is no qualified Mussalman, a born subject of Travancore, waiting for job at present. But there is one domiciled Travancorean, one who belongs to Cochin by birth. But he has properties in Travancore. He applied for an appointment, but his application was not considered.

MR S. J. NAIR (*Nedumangad*) : If there is no qualified Mussalman here, is it the member's opinion that somebody should be imported from Cochin ?

MR. N. ABDUR RAHIMAN SAHIB (*Nominated*) : I am not at all for importing. There was an application from a domiciled Mussalman *viz*, an M. B. B. S., for a post in the Medical Department and his claims were not duly considered.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*) : Is he now living in Cochin or Travancore ?

MR. N. ABDUR RAHIMAN SAHIB (*Nominated*) : At present he lives in Cochin.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*) : Then how is he called a domiciled Travancorean ?

MR. N. ABDUR RAHIMAN SAHIB (*Nominated*): He has vested interests. He has properties in Travancore.

PRESIDENT : The time allotted for the Demand having expired, this motion and subsequent motions lapse. The question is that Demand VI—Medical Department for Rs. 8,71,049 less rupee one token cut, be passed.

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The Demand was carried.

The following motions lapsed on account of time-limit.

MR. K. C. KARUNAKARAN :

180. To reduce the allotment of Rs. 8,08,892 for Hospitals and Dispensaries by Rs. 100.

MR. P. K. NARAYANA PILLAI :

181. To reduce the allotment of Rs. 8,08,892 for Hospitals and Dispensaries by Rs. 100.

MR. N. E. VARUGHESE :

182. To omit the allotment of Rs. 1,620 for scholarships for the study of European medicines

MR. K. M. KRISHNAN :

183. To reduce the total allotment Rs. 8,71,045 under Demand VI by Re. 1.

MR. A. THANU PILLAI :

184. To reduce the total allotment of Rs. 8,71,049 under Demand VI by Re. 1.

MR. E. V. KRISHNA PILLAI :

185. To reduce the total allotment of Rs. 8,71,046 under Demand VI by Rs. 10.

MR. K. PADMANABHAN :

186. To reduce the total allotment of Rs. 8,71,049 under Demand VI by Rs. 100.

MR. T. P. VELAYUDHAN PILLAI :

187. To reduce the total allotment of Rs. 8,71,049 under Demand VI by Rs. 100.

MR. S. J. NAIR :

188. To reduce the total allotment of Rs. 8,71,049 under Demand VI by Rs. 8,71,049.

The House adjourned at 4.55 P. M.

K. MADHAVA KURUP,
Secretary to the Sri Mulam Assembly.

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